2753 Film#G162 Item# 7,14 3/10/54 emf Film#G162 Item# 5,6 3/12/54 emf

02696

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural, give location) 6306 HILLCREST PL.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) HERBERT (Last) ALLEN
4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH JUNE 15, 1875
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMPTROLLER (retired)
10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION
11. BIRTHPLACE (State or foreign country) CONN.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME unknown child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 340-07-1702
17. INFORMANT AND ADDRESS ELIZABETH ALLEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Coronary Occlusion — 12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 1 yr.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953, to Mar. 2, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney Clousins M.D. 3921-Ingomar St N.W. Wash. D.C. 3/2/54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Mar. 4, 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 3/4/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Jos. Gawler's Sons, Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1954
BUREAU V. S.

02697

2754

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY MOntgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 1mo 0days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East Riverdale 16-25-2
STREET ADDRESS (If rural, give location) 5402 55th PL.,

3. NAME OF DECEASED (Type or Print) (First) Veronica (Middle) Gabrielle (Last) AQUA
4. DATE OF DEATH (Month) March (Day) 10 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-3-53
9. AGE last birthday -1- yrs. If under 1 year: Months 11 Days 7 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Abraham AQUA
14. MOTHER'S MAIDEN NAME Eleanor REID
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT AND ADDRESS Mother, Eleanor AQUA 5402 55th PL., East Riverdale, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

759.0

Immediate cause (a) Trachea - Bronchial Obstruction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trachea - Bronchitis.

(c) Congenital Laryngeal Web.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 32 March 54
19b. MAJOR FINDINGS OF OPERATION Congenital Laryngeal Web.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb., 1954, to 10 March 1954, that I last saw the deceased alive on 10 March, 1954, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

SIGNATURE G.G. MAIER LT MC USNR (Degree or title) U. S. Naval Hospital, NNMC, Bethesda, Maryland ADDRESS DATE SIGNED 3-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 15 March 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 11 March 1954
REGISTRAR'S SIGNATURE Mary C. Farrelly
24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

~~2043991991~~ 2043285415

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02698

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Haven Rest Home 517 Albany Avenue 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 8909 First Avenue

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) STEWART (Last) BACKUS

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 15, 1873

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home - retired

11. BIRTHPLACE (State or foreign country): Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Frew Stewart

14. MOTHER'S MAIDEN NAME: Clara Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Lucile M. Backus, 8909 First Ave., S.S.Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral Hemorrhage (Thrombosis)	5 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Partial Heart Block	5 yrs.
	DUE TO (c) Arteriosclerosis, Generalized	10 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to March, 1954, that I last saw the deceased alive on Mar. 3, 1954, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. B. Snow M.D. — ADDRESS Silver Spring, Md. — DATE SIGNED 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burial — DATE THEREOF Mch. 5, 1954 — NAME OF CEMETERY OR CREMATORY Groton Rural Cemetery — LOCATION (City, town, or county) (State) Groton, New York

DATE REC'D BY LOCAL REGISTRAR March 5 1954 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Warner C. Pumphrey — ADDRESS Silver Spring, Md.

VS. A15

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MAR 8 1954
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Tennessee COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) T. (Last) BAILEY

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1-18-91

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Goverment

10b. KIND OF BUSINESS OR INDUSTRY: Guard

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hernv C. BAILEY

14. MOTHER'S MAIDEN NAME: Tempie JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: Mrs. Wave G. BAILEY, Rural Rutledge, Tennessee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) RESPIRATORY FAILURE. CENTRAL	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PULMONARY FIBROSIS & EMPHYSEMA	15 YEARS
	(c) HYPERTROPHY, PROSTATE	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 March, 19 54, to 7 March, 19 54, that I last saw the deceased alive on 7 March, 19 54, and that death occurred at 8:15 a m., from the causes and on the date stated above.

SIGNATURE P R James (Degree or title) ADDRESS P. R. JAMES LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 3-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 10 March 1954 NAME OF CEMETERY OR CREMATORY Rutledge Cemetery LOCATION (City, town, or county) (State) Rutledge, Tennessee

DATE REC'D BY LOCAL REG. 9 March 1954 REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS CHAMBERS FUNERAL HOME 3072 M Street NW, Washington, D. C.

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MAR 15 1954
BUREAU V. S.

2720 M
Written permission rec'd from both parents Med. Rec'd Library
VS. A15 8-
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02700

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma park, md. 17
LENGTH OF STAY (in this place) 58 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: 16-15-2
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville, md.
STREET ADDRESS (If rural, give location) 1305 Merrimack ave. W. Hyattsville md.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Barwick

4. DATE OF DEATH: (Month) (Day) (Year) 3 22 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3/22/54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma park, md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joel Richard Barwick
14. MOTHER'S MAIDEN NAME: Rella Marie Iversen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 756.2 (a) Congenital defect of left diaphragm with
DUE TO
Antecedent cause(s) (b) herniation of stomach, small intestine, spleen
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) + left lobe of liver causing atelectasis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:59 pm 3/22, 1954, to 5:53 p 3/22/54, that I last saw the deceased alive on 3/22, 1954, and that death occurred at 5:53 p m., from the causes and on the date stated above.

SIGNATURE Dean H. Harding (DEGREE OR TITLE) MD ADDRESS 113 Carroll St N.W. Wash 12, DC DATE SIGNED 3/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 3-24-54
NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hosp.
LOCATION (City, town, or county) (State) Takoma Park 12, Md.
DATE REC'D BY LOCAL REG. Mar. 25 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR R.A.Hare, M.D. Wash. San. & Hosp. ADDRESS

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MAR 26 1954
BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02701

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 4700 Bradley Blvd.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Washington (Last) Baumann

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: Feb. 22 1864
9. AGE last birthday 90 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Administrative Dept. of Agriculture
10B KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Baumann
14. MOTHER'S MAIDEN NAME: Charlotte Hartbauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Geo. W. Baumann, Jr. 4700 Bradley Blvd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis General

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18 1954 to 3-24, 1954, that I last saw the deceased alive on 3-23-, 1954, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Bethesda, 14, Md. DATE SIGNED 3-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/27/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland Rd. Md.

DATE REC'D BY LOCAL REGISTRAR 3/24/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Sh Hines Co, 2901-14th St. N.W. Wash. D.C.
ADDRESS

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MAR 26 1954
BUREAU V.

2757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02702

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (after 5 min) | LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
STREET ADDRESS (If rural give location) 4606 - Strathmore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Olive (Last) Berrigan

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 9 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months 8, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Simmons

14. MOTHER'S MAIDEN NAME: Jeanette Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: N.K.

17. INFORMANT & ADDRESS: Martin J. Berrigan 4606 - Strathmore Garrett Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute congestive myocardial failure	36 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO 1) Arteriosclerosis + myocardial degeneration	2 yrs +
	(c) DUE TO 2) Bronchial asthma, acute, severe, secondary to upper respiratory infection	6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to Mar. 7, 1954, that I last saw the deceased alive on Mar. 6, 1954, and that death occurred at 5:35 A.M. from the causes and on the date stated above.

SIGNATURE Stewart Wolf (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 3-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit — DATE THEREOF 3-11-54 — NAME OF CEMETERY OR CREMATORY St. Peters Cemetery — LOCATION (City, town, or county) (State) Dutchess County New York

DATE REC'D BY LOCAL REGISTRAR 3/8/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert L. Jennings — ADDRESS Bethesda, Maryland

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 7321 Willow Ave.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Gray (Last) Blachly

4. DATE OF DEATH (Month) March (Day) 14 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan 2, 1881

9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reference Librarian

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathaniel Bacon

14. MOTHER'S MAIDEN NAME Mary Landon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Husband Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease with Auricular Fibrillation

Antecedent cause(s) ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FILBRILLATION

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) GENERALIZED ARTERIO SCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Emphysema SENILE EMPHYSEMA

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 3/14, 1954, that I last saw the deceased alive on 3/14, 1954, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE Dean A Harding (Degree or title) M.D. ADDRESS 113 Carroll St NW, Wash DC DATE SIGNED 3/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mar 16 1954 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Mar. 14 1954 — REGISTRAR'S SIGNATURE J. Helen Dodd

24. FUNERAL DIRECTOR Arthur J Rollers ADDRESS 254 Carroll St NW Takoma Park 12 DC

MARGIN RESERVED FOR BINDING

REGISTERED
MAR
BUREAU V. S.

2758

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02704

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sumner
LENGTH OF STAY (In this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5608 Wood-Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wyalusing
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) LaVern (Last) Blocher
4. DATE OF DEATH (Month) Mar (Day) 20 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 2. 1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Insurance
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. F. Blocher
14. MOTHER'S MAIDEN NAME M. Ackley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT W. F. Blocher 5608 Wood-Way Sumner md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
4221 Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		death
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Brosehart M.D. Gaithersburg md 3-20-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3-23-54 NAME OF CEMETERY OR CREMATORY Spring Hill Cem LOCATION (City, town, or county) Bradford County (State) Pa.

DATE REC'D BY LOCAL REG. 3/22/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S H Kim Co. ADDRESS 2901-14th St. N.W. Wash, D.C.

2747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02705

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 307 Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 307 Falls Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) BREWER

4. DATE OF DEATH: (Month) (Day) (Year) March 15, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Aug. 31, 1878	75 yrs.	8	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Accountant	Dunn & Bradstreet	Maryland	US

13. FATHER'S NAME: John B. Brewer

14. MOTHER'S MAIDEN NAME: Virginia F. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Yes-Unknown

17. INFORMANT AND ADDRESS: Lloyd Brewer- Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 420.1 Myocardial failure,	1½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to attacks of paroxysmal tachycardia, and heart block.	2 months
	(c) Arteriosclerosis, old myocardial infarction.	8 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1946, 19..., to March 15, 19 54 that I last saw the deceased alive on March 15, 1954, and that death occurred at 4:35 P. m., from the causes and on the date stated above.

SIGNATURE: Wm R. Linthicum, M.D. (Degree or title) ADDRESS: Rockville, Md. DATE SIGNED: 3/15/54.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-18-54	Rockville Union	Rockville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-17-54	Dorothy M. Jackson	Robert W. Humphrey	Bethesda, Md.

RECEIVED
BUREAU V. S.

2758

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02706

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4, D.C.
STREET ADDRESS (If rural give location) 4801 Conn. Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Larkworthy (Last) Bridgeman

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 15, 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Rep.

10B. KIND OF BUSINESS OR INDUSTRY: American Standard.

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Bridgeman

14. MOTHER'S MAIDEN NAME: Ellen Plowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Elizabeth Bridgman (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X
IMMEDIATE CAUSE

(A) DUE TO Carcinoma, adeno, ascending Colon with metastases to lungs & liver

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs +; 1 yr +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Feb 13 1953

19B. MAJOR FINDINGS OF OPERATION: Adeno carcinoma ascending Colon

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1954, to 3-23, 1954, that I last saw the deceased alive on 3-23, 1954, and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Howard Wolff M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 3-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 3/26/54

NAME OF CEMETERY OR CREMATORY Oakwood Cemetery

LOCATION (City, town, or county) (State) Beloit, Wisconsin

DATE REC'D BY LOCAL REGISTRAR 3/29/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner & Dunphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12707

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda | LENGTH OF STAY (in this place) X

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring

STREET ADDRESS (If rural give location) R F D #1 Bel Pre Road.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: March 12 54

9. AGE Last birthday: yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. 10

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Monty. County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nelson Stansbury Brown Jr.

14. MOTHER'S MAIDEN NAME: Mary Irene Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother (same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Asphyxia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1954, to Mar. 12, 1954, that I last saw the deceased alive on Mar. 12, 1954, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE Frank J. Leslie (Degree or title) MD ADDRESS 8901 Ga. Ave. Silver Spring DATE SIGNED Mar. 12, 54

23. BURIAL, CREMATION, REMOVAL (Specify) | **DATE THEREOF** 3/15/54 | **NAME OF CEMETERY OR CREMATORY** Suburban Hospital | **LOCATION** (City, town, or county) Bethesda | (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/16/54 | **REGISTRAR'S SIGNATURE** Bessie M. Thompson

24. FUNERAL DIRECTOR Amelia S. Carter. Supt. per A.S.P. | **ADDRESS**

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02708

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; MARYLAND LENGTH OF STAY (In this place) 6 D. A; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood (rural); STREET ADDRESS (If rural give location) (Redland)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	Helen	Brown	Mar	26	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	3-10-1907	47 Y M	yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Va	USC

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joe Jenkins	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY No.	17. INFORMANT
No	—	Albert K. Brown (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: ½ hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Borchart M.D.		Gaithersburg md	3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 27, 1954	St Lukes Lutheran	Redland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-25-54	Gertrude B Lawler	Roy W. Barker	Poolesville Md

RECEIVED
MAR
BUREAU V. S.

2762

12709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5612 Wisconsin Ave.	STREET ADDRESS (If rural, give location): 4800 Montgomery Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLORIAN	W.	BUCKNER	March	25	1954.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	12-30-'63	90 yrs.	2 / 25	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Piano Mfg.	Self Emp.	Bovaria	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ferdinand Buckner	Margarete Herter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		W. F. Buckner- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
491X **Immediate cause** (a) Broncho Pneumonia	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-14-, 1954., to 3-25-, 1954., that I last saw the deceased alive on 3-25-, 1954., and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Glenn R. Rue	M D	8736 Colesville Rd. S.S. Md	3-25-54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-29-54	Rockville Union	Rockville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/26/54	[illegible]	Robert H. Dunphrey	Bethesda, Md.

VII. A15

RECEIVED
MAR [illegible] 1954
BUREAU V. S.

Item 9 film G 152 3/26/54 cm

2763

02710

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural X	LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
	STREET ADDRESS (If rural, give location): 1156 SPA Road

3. NAME OF DECEASED (Type or Print)	(First) Erna	(Middle) Louise	(Last) BURCH	4. DATE OF DEATH (Month) March (Day) (Year) 19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 1-11-20	9. AGE last birthday: 34 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]	10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Albert F. MONDAY		14. MOTHER'S MAIDEN NAME: Betty H. PHIPPS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) --	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Husband: John H. T. BURCH 1156 SPA Road, Annapolis, Maryland		

B. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Hypertensive Cardiovascular Disease with Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 2	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Dec, 1953 to 9 March, 1954, that I last saw the deceased alive on 9 March, 1954, and that death occurred at 9:10 p m., from the causes and on the date stated above.

SIGNATURE: S. R. MILLS JR LT MC USN (Degree or title) ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: 3-12-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1[illegible] March 1954	NAME OF CEMETERY OR CREMATORY: Cedar Bluff	LOCATION (City, town, or county) (State): Annapolis, Maryland
DATE REC'D BY LOCAL REG.: 1[illegible] March 1954	REGISTRAR'S SIGNATURE: Mary [illegible] Farrelly	24. FUNERAL DIRECTOR: B. [illegible] HOPPING AND SON FUNERAL [illegible] ADDRESS: 170-172 West St., Annapolis, Maryland	

MARGIN RESERVED FOR BINDING

I

2764

02711

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Onley
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaitherburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Willis (Last) Burdette Jr.

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 11/54
9. AGE last birthday yrs. If under 1 year Months. Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Willis Burdette Jr
14. MOTHER'S MAIDEN NAME Violet Ann Wilkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hosp Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Probably aspiration of milk into respiratory tract.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity, 32 wks, 3 lb. 6 oz.

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 day.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1954 to March 16 1954, that I last saw the deceased alive on March 16, 1954 and that death occurred at 4 15 P.m., from the causes and on the date stated above.

SIGNATURE Wm A. Lutheran (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 3/16/54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-17 54
NAME OF CEMETERY OR CREMATORY Park Lawn Cem
LOCATION (City, town, or county) Montg Co (State) Md

DATE REC'D BY LOCAL REG. 3-16-54
REGISTRAR'S SIGNATURE Gertrude B Dawley
24. FUNERAL DIRECTOR Robert A Pumphrey ADDRESS 7557 Wise Ave Beth, Md.

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MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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02712

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 E. Montg. Ave.	STREET ADDRESS (If rural give location) 322 E. Montg. Ave.

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) GERTRUDE (Last) Burrows				4. DATE OF DEATH (Month) Mar (Day) 3 (Year) 1954			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 5-7-'73	9. AGE last birthday 80 yrs.	If under 1 year Months 9 Days 26	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME ? Leaman			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	3-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-6-54	NAME OF CEMETERY OR CREMATORY Rockville Union	LOCATION (City, town, or county) (State) Rockville, Maryland
DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE Dorothy M. Jacobson	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1954
BUREAU V. S.

2765

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02713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove — LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Iva	(Middle) Ada	(Last) Campbell	4. DATE OF DEATH	(Month) March (Day) 7 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 25-1903	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James L. Whetzel	14. MOTHER'S MAIDEN NAME Catherine Dove				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT AND ADDRESS Mrs. Dorothy Flemming-Rockville, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17.x

Immediate cause (a) Carcinoma of Cervix Uteri

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: approx. 18 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov. 28, 1954, to Mar. 7, 1954, that I last saw the deceased alive on Mar. 6, 1954, and that death occurred at 12 25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jack Schumacher M.D. Gaithersburg, Md. Mar. 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 9, 1954	NAME OF CEMETERY OR CREMATORY Forest Oak	LOCATION (City, town, or county) (State) Gaithersburg, Maryland
DATE REC'D BY LOCAL REG. Mar. 8, 1954	REGISTRAR'S SIGNATURE Alsada G. Cooke	24. FUNERAL DIRECTOR Roy W. Barber-Laytonsville, Md.	ADDRESS

Roy W Barber Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 10 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE MONTGOMERY COUNTY GENERAL HOSPITAL, INC. OLNEY, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) (Last) Campbell

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 13, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward William Dorsey

14. MOTHER'S MAIDEN NAME: Mary Anna Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.2 Immediate cause	(a) Acute cardiac dilation	2 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myocarditis	6 mos
	DUE TO (c) Secondary Adenoma	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Healed Pulmonary Tb — 5 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1953, to 3/26, 1954, that I last saw the deceased alive on 3/26, 1954, and that death occurred at 3:17 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 29 54 — NAME OF CEMETERY OR CREMATORY Spencerville Md — LOCATION (City, town, or county) Spencerville Md (State)

DATE REC'D BY LOCAL REGISTRAR 3-29-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02715

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo X
STREET ADDRESS (If rural give location) 112 Yale Ave., Glen Echo, Md.

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) B. (Last) Canada
4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/29/03
9. AGE last birthday: 50 yrs. | IF UNDER 1 YEAR: Months 10 Days 9 | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Postmaster
10b. KIND OF BUSINESS OR INDUSTRY: US Government
11. BIRTHPLACE (State or foreign country): Glen Echo, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Van B. Canada
14. MOTHER'S MAIDEN NAME: Maxine Newton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Maxine Newton Canada - Item 2.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Thrombosis DUE TO	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

332 X

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..., 19 54 to March 8, 19 54, that I last saw the deceased alive on 3-7 ..., 1954, and that death occurred at 5:30 AM ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Emil D'Canto MD | Bethesda | 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-11-54 | NAME OF CEMETERY OR CREMATORY Potomac Meth Epis Cem | LOCATION (City, town, or county) (State) Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/9/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Waterfield Funeral Home | ADDRESS Bethesda, Md.

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MAR 11 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 02716

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg RURAL
LENGTH OF STAY (In this place) 11 days - 3 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 11800 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Thomas (Last) Carless

4. DATE OF DEATH: (Month) Mar (Day) 21 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Nov. 19 1874
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months 4 Days 2
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Carless
14. MOTHER'S MAIDEN NAME. Margaret Wallen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 715-18-9640
17. INFORMANT & ADDRESS: HOWARD C. CARLESS - SAME ITEM #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Congestive Heart Failure — 9 days
(C) Probe - Vascular accident — 12 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign Prostatic Hypertrophy — 1 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/54, to 3/21/54, that I last saw the deceased alive on 3/29/54, and that death occurred at 2:50 PM, from the causes and on the date stated above.
SIGNATURE Charles Farally M. D. ADDRESS Silver Spring DATE SIGNED 3/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit
DATE THEREOF 3/22/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Crawford Co. Penna.

DATE REC'D BY LOCAL REGISTRAR 3/22/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md.

APR 1954
BUREAU V. S.

Item 9 film G 162 3/30/54 cm

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02717

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural X — LENGTH OF STAY (In this place) 24 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 9814 Gartrell Street

3. NAME OF DECEASED (Type or Print)	(First) Don	(Middle) Llewellyn	(Last) Carroll	4. DATE OF DEATH	(Month) March	(Day) 5	(Year) 19 54
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9-21-02	9. AGE last birthday 51 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Goverment	10b. KIND OF BUSINESS OR INDUSTRY Geologist	11. BIRTHPLACE (State or foreign country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert CARROLL		14. MOTHER'S MAIDEN NAME Ethyl A. HOOVER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) --	16. SOCIAL SECURITY NO. 461-36-6887	17. INFORMANT AND ADDRESS wife: Catharine C. Carroll, 9814 Gartrell St., Kensington, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1934

Immediate cause (a) Glioblastoma multiforme, right cerebrum — 3 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-5-54	19b. MAJOR FINDINGS OF OPERATION Large right frontal lobe tumor			20. AUTOPSY? Yes X No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 16 Feb., 19 54, to 5 March, 19 54, that I last saw the deceased alive on 5 March, 19 54, and that death occurred at 6:59 am, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
E. I. [illegible] LCDR MC USN	U. S. Naval Hospital, N.C. Bethesda, Maryland	3-22-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 March 1954	Beloit Cemetery	Beloit, Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10 March 1954	[signature]	A. A. [illegible] FUNERAL HOME	7557 Wisconsin Ave Bethesda, Maryland

2770

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02718

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney MONTGOMERY CO.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dayton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) Evan (Last) Carroll
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 4, 1954
9. AGE last birthday: Newborn yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Paul Leroy Carroll
14. MOTHER'S MAIDEN NAME: Beulah Marie Bright
15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage — Interval Between Onset And Death 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Difficult delivery DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Erb's Palsy - RT. 3 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954, to 3/7, 1954, that I last saw the deceased alive on 3/7, 1954, and that death occurred at 9:40 p., from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) Md ADDRESS Sandy Spring Md DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) 3-9-54 DATE THEREOF 3-9-54 NAME OF CEMETERY OR CREMATORY Brown Chapel LOCATION (City, town, or county) Dayton (State) Md
DATE REC'D BY LOCAL REGISTRAR 3-9-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR [signature] ADDRESS Ellicott City Md

2034269409

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1
BUREAU V. S.

2771

02713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD# 3 Bethesda	STREET ADDRESS (If rural, give location) RFD# 3 Bethesda

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EMMA DELIGHT CASE

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Female	White	Widowed	12-16-'62	91 yrs.	2	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gary Fisher	Mary Daws

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs.E.C.Ridgely- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Congestive myocardial failure — 1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arteriosclerosis — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1954, to March 13, 1954 that I last saw the deceased alive on March 13, 1954, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm A. Linthicum	M.D.	Rockville, Md.	3/14/54.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-16-54	St. Mary's	Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/54	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

2722

02720

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md | LENGTH OF STAY (In this place) 14 yrs 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 311 Franklin Ave, COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Maryland
STREET ADDRESS (If rural, give location) 311 Franklin Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (none) (Last) Clark
4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 12-25-66
9. AGE last birthday: 87 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Goodall
14. MOTHER'S MAIDEN NAME: Margaret Tynan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 3-30, 1954, that I last saw the deceased alive on 3-30, 1954, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John A. Andrews M.D. | ADDRESS 9601 Colesville Rd Silver Spring Md | DATE SIGNED 3-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE 3-31-54 | NAME OF CEMETERY OR CREMATORY: SPRING GROVE CEMET. | LOCATION (City, town, or county) (State): Cincinnati, Ohio

DATE REC'D BY LOCAL REG. March 31 1954 April - 3 - 1954 | REGISTRAR'S SIGNATURE J. Allen Dodd

24. FUNERAL DIRECTOR: B L Hopping and Son | ADDRESS: Annapolis, Md.

APR 6

2723

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02721

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 mon. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural give location) 223 W 11th Street

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Evelyn (Last) Clark

4. DATE OF DEATH: (Month) Mar. (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 7-3-02
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Clark
14. MOTHER'S MAIDEN NAME: Adah Nutte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 060-16-1120
17. INFORMANT & ADDRESS: Old rec. Wash. Sanitarium

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175x

Immediate cause (a) Carcinoma Ovaries — DUE TO Metastasis to intestine & lungs —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 May 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma ovaries —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953 to Mar. 5, 1954, that I last saw the deceased alive on 3-5, 1954 and that death occurred at 6.55 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Brownsberger — MD ADDRESS Takoma Park — DATE SIGNED Md 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burial — DATE THEREOF 3/8/54 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Long Island (State) New York N.Y.

DATE REC'D BY LOCAL REGISTRAR March 5 1954 REGISTRAR'S SIGNATURE J. Helen Dodd

24. FUNERAL DIRECTOR Jos Gawlikowski Sons Inc. ADDRESS 1756 Penna Ave No Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 19
BUREAU V. S.

2772

02722

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1702 N. Utah

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) L. (Last) Clark

4. DATE OF DEATH (Month) March (Day) 17 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept. 2, 1937

9. AGE last birthday 16 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph Clark

14. MOTHER'S MAIDEN NAME Dorothy Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. -- --

17. INFORMANT AND ADDRESS The medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1067

Immediate cause (a) Metastatic osteogenic sarcoma to bone, lung, and other viscera

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Osteogenic sarcoma, right femur (resected June 1953)

(c)

(d)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY -

(CITY OR TOWN) - (COUNTY) - (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - -

22. I hereby certify that I attended the deceased from Feb. 1, 1954, to March 17, 1954, that I last saw the deceased alive on March 17, 1954, and that death occurred at 9:15 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard D. Fenno, M.D. ADDRESS National Institutes of Health, The Clinical Center DATE SIGNED March 19, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3-18-1954 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Arlington, Va

DATE REC'D BY LOCAL REG. 3/18/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR C. P. Sacks ADDRESS Arlington Virginia

RECEIVED
MAR 22 1954
BUREAU V. S.

Item 23 Film G 162 3/22/54 cm

02723

2773

MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital	STREET ADDRESS (If rural, give location): 1903 East West Hgwy., Apt T-2

3. NAME OF DECEASED (Type or Print)	(First) Edgar	(Middle) James	(Last) Clarkson	4. DATE OF DEATH	(Month) March (Day) 14 (Year) 1954
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan ? 1881	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patent Attorney	10b. KIND OF BUSINESS OR INDUSTRY: Law		11. BIRTHPLACE (State or foreign country): Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James A. Clarkson			14. MOTHER'S MAIDEN NAME: Annie C. Reynolds		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.: ?	17. INFORMANT AND ADDRESS: John B. Gunion (nephew)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Cerebral Hemorrhage — 12 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Many years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954, to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 11 35 A m., from the causes and on the date stated above.

SIGNATURE: Leo J. Donovan MD (Degree or title) — ADDRESS: 8016 Georgetown Road Bethesda Md — DATE SIGNED: 3/14/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: Mar 14, '54	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemt'y	LOCATION (City, town, or county): Rock Cr. Church Rd NW (State) Wash DC
DATE REC'D BY LOCAL REG.: 3/15/54	REGISTRAR'S SIGNATURE: Bessie M. Thompson	24. FUNERAL DIRECTOR: Neal Funeral Home 4812 Ga ave NW Wash	ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
1914
BUREAU V. S.

2749

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12724

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Martins Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) Martins Lane

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) M. (Last) Coleman

4. DATE OF DEATH: (Month) (Day) (Year) March 18, 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 19, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Household Keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Thomas Martin

14. MOTHER'S MAIDEN NAME: Louise Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Nettie Johnson, Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592 X

Immediate cause (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) —

DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized edema.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17 1954, to March 18, 1954, that I last saw the deceased alive on March 18 1954, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

P.M. Hurley, M.D. 26 Washington St Rockville Md March 20, 1954

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF 3/20/54 | NAME OF CEMETERY OR CREMATORY Haiti | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 3-22-54 | REGISTRAR'S SIGNATURE Dorothy M. Jackson | 24. FUNERAL DIRECTOR ADDRESS R. F. Snowden, Rockville, Md.

RECEIVED
MAR 21 1874
BUREAU V. S.

3774

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02725

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10705 Huntley Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring R-4
STREET ADDRESS (If rural give location) 10705 Huntley Pl.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Paul (Last) Connor

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 11/4/92

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Master Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Wash DC

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John James Connor

14. MOTHER'S MAIDEN NAME: Bridget Agnes Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #1

16. SOCIAL SECURITY No.: 578-03-3723

17. INFORMANT & ADDRESS: Gladys Ann Conner (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) Carcinoma of Urinary Bladder — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 3-4 mos

19a. DATE OF OPERATION: 27 March 1950 — **19b. MAJOR FINDINGS OF OPERATION** Large Cauliflower type Tumor filling left half of Bladder

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1953, to March 21 1954, that I last saw the deceased alive on 15 Feb 1954, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin L. White M.D. — ADDRESS 9427 Georgia Ave Silver Spring Md — DATE SIGNED 2 March 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/27/54 — NAME OF CEMETERY OR CREMATORY Arlington — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 3/22/54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR P.J. Soffell — ADDRESS Washington D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 23 1971
BUREAU V. S.

2775

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02720

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney MONTGOMERY CO.
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Simon (Last) Craver

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Simon Peter Craver
14. MOTHER'S MAIDEN NAME: Susan Rebecca Stull

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212 18 2231
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Arterial Sclerosis — 2

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/25/, 1954, to 3/2/, 1954, that I last saw the deceased alive on 3/1/, 1954, and that death occurred at 1 Am., from the causes and on the date stated above.

SIGNATURE J W B (Degree or title) MD
ADDRESS Sandy Spring Md
DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 4/54
NAME OF CEMETERY OR CREMATORY Sion Reform Cemetery
LOCATION (City, town, or county) Charlesville Md (State) Frederick Co.

DATE REC'D BY LOCAL REGISTRAR 3-2-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber
ADDRESS Laytonsville Md

RECEIVED
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Item 9 Film G 162 3/29/54 cm

2776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02727

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown X
LENGTH OF STAY (in this place): 7 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Prince Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 6201 - 41st Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Cumberland (Last)

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1872

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): County Kerry Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Henry A Cumberland Jr Hyattsville Md. 6201-41st ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.20.C

Immediate cause (a) Pulmonary Embolus — Interval Between Onset and Death: 12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Bronchitis

(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1954, to March 12 1954, that I last saw the deceased alive on March 11, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr. Vernon E. Martins M.D. Germantown Md. 3/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar. 15-1954

NAME OF CEMETERY OR CREMATORY: Mt Olivet.

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Mar 15, 1954

REGISTRAR'S SIGNATURE: Almeda L Cook

25. FUNERAL DIRECTOR — ADDRESS: P.J. Saffell Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1954
BUREAU V. S.

2777

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02728

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Mont MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING X
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 PHILADELPHIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 500½ Tulip ave.

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Peck (Last) CUNNINGHAM

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 15, 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Filing Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Norfolk Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Cunningham
14. MOTHER'S MAIDEN NAME: L. Costin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 229-12-1482
17. INFORMANT & ADDRESS: Mrs Mary Horner 500½ Tulip ave Takoma Pk. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral Hemorrhage Right — Interval Between Onset And Death: 17 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan. 1954, to 19 Mar. 1954, that I last saw the deceased alive on 18 Mar., 1954, and that death occurred at 1 45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G B Queen M.D. 7112 Willow Ave Takoma Park Md. 19 Mar. 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. Burial
DATE THEREOF: 3/21/54
NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
LOCATION (City, town, or county) (State): Hampton, Virginia

DATE REC'D BY LOCAL REGISTRAR: 3-17-54
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: The S.H. Hines Co. 7401 14th St NW Wash DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02729
Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital	STREET ADDRESS (If rural, give location) 1002 Aug

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Howie	DARE	March	29	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
			17 April 1950	3 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		New Mexico	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. DARE	Jeanne HOWIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	-	James A. Dare 1002 August Drive Silver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.5 **Immediate cause** (a) Cardiac Arrest — 9 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Exploratory Laparotomy for hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, unknown etiology — 6 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/29/54	Left sclerotic renal artery found & ligated.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on 29 March, 19 54, and that death occurred at 7:[illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3-30-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1 April 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Mary E. Connelly		

APR 2

2779

02730

MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Washington, DC COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 22	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, DC
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health 50	STREET ADDRESS (If rural, give location): 4610 9th St. NW

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Zane Davidson	4. DATE OF DEATH (Month) (Day) (Year): March 4 1954
5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 8 Oct. 1929 — 9. AGE last birthday: 24 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: Student	11. BIRTHPLACE (State or foreign country): D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Abraham Davidson	14. MOTHER'S MAIDEN NAME: Mollie Mackler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): — 16. SOCIAL SECURITY No.: 579-34-0357	17. INFORMANT AND ADDRESS: The medical record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

201X

Immediate cause (a) Hodgkin's Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X 0 — 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1954, to Mar. 4, 1954, that I last saw the deceased alive on Mar. 4, 1954, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE: Elliott Middleton Jr. (Degree or title) — ADDRESS: The Clinical Center Nat'l. Institutes of Health — DATE SIGNED: Mar. 4, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/5/54	NAME OF CEMETERY OR CREMATORY: Bonaventure Cemetery	LOCATION (City, town, or county): Evanston Ill. (State)
DATE REC'D BY LOCAL REG.: 3/4/54	REGISTRAR'S SIGNATURE: Bessie M. Thompson	24. FUNERAL DIRECTOR: Goldberg Funeral Home	ADDRESS: 4217-9th St NW Wash DC

RECEIVED
MAR 8 1954
BUREAU V. S.

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02731

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Gilmour Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 410 Gilmour Dr

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Ethel (Last) Davis

4. DATE OF DEATH (Month) Mar (Day) 19 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug. 16, 1900 | 9. AGE last birthday 53 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY State Dept. retired | 11. BIRTHPLACE (State or foreign country) Nebraska | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Louis K. Upton | 14. MOTHER'S MAIDEN NAME Millie A. Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr. Milton H. Davis, 410 Gilmore Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found hanging by neck in cellar of her home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? hung self in cellar of her home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial | DATE THEREOF 3/20/54 | NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cemetery, | LOCATION (City, town, or county) Lincoln, Nebraska (State)

DATE REC'D BY LOCAL REG. 3/22/54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner C. Lumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5516 Oak Place

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Eleanor (Last) Davis

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 30, 1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Linthicum
14. MOTHER'S MAIDEN NAME: Amanda Hendry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Edith Kilmain - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart
DUE TO Disease of Left

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ventricular Failure
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to 3-5, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE W. T. Joyce (Degree or title) M.D. ADDRESS Bethesda, Md DATE SIGNED 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-8-1954
NAME OF CEMETERY OR CREMATORY Kemptown Cemetery
LOCATION (City, town, or county) Kemptown Frederick (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/8/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W. E. Falconer ADDRESS New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02733

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: Suburban Hosp
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4601 Montgomery Ave

3. NAME OF DECEASED: (Type or Print) (First) Colvin (Middle) I. (Last) Day

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 2/23/00

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ford Motor Co clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James William Day

14. MOTHER'S MAIDEN NAME: Rachel Ellen Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Marian Day - Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSE (B) DUE TO Pulmonary hemorrhage for several days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Rt Lung — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary tuberculosis? — several hours

19A. DATE OF OPERATION: 3/24/54

19B. MAJOR FINDINGS OF OPERATION: Rt lung c hemorrhage into lung

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18/54, to 3/29/54, that I last saw the deceased alive on 3/28/54, and that death occurred at 7:10 AM, from the causes and on the date stated above.

SIGNATURE Marshall C. Lumpkin M. D. ADDRESS DATE SIGNED 3/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-31-54 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/30/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert L. Humphreys — ADDRESS Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 1953

Dr. Sanford

RECEIVED
APR 2 1954
BUREAU U. S.

2724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02734

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 Tulip Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park,
STREET ADDRESS (If rural, give location): 210 Tulip Avenue

3. NAME OF DECEASED (Type or Print): (First) Faith (Middle) (Last) Dean

4. DATE OF DEATH: (Month) (Day) (Year) March 23, 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1890

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): London England.

12. CITIZEN OF WHAT COUNTRY? Gr. Britain

13. FATHER'S NAME: Frederick Newman

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James C. Dean, 210 Tulip Ave., T.P. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs (?)

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Duodenal Ulcer — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, Chronic, Severe 32 yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 19 53, to 3-23, 19 54, that I last saw the deceased alive on 3-22, 19 54, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Wallace M. Mook M.D. 7101 Carroll Ave. Takoma Pk. Md. 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 25 1954 — NAME OF CEMETERY OR CREMATORY: George Washington Cemetery — LOCATION (City, town, or county): Prince George Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Mar. 25-1954 — REGISTRAR'S SIGNATURE: J. Milton Noyd

24. FUNERAL DIRECTOR: Arthur Dalby — ADDRESS: 254 Carroll Ave. N.W. Takoma Park 12, D.C.

RECEIVED
MAR 26 1954
BUREAU V. S.

2783

0273S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

I FAST WRITH PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9405 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9405 Flower Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Georgia	A.	Dill	March	6	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / M.
Female	White	Widowed	March 2, 1865	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker - retired		Maryland	U.S.A.

13. FATHER'S NAME: George Sellman
14. MOTHER'S MAIDEN NAME: Margaret Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mr. Elmer Brown Dill, 9405 Flower Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 2 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS (PRIMARY OR CONTRIBUTING ☐) CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M. D.	Gaithersburg Md	3-6-54

23. CREMATION, BURIAL, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 9, 1954	Rockville Union Cemetery	Rockville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/54	Grace [illegible]	Warner E. Pumphrey	Silver Spring, Md.

VS. A1-A

RECEIVED
MAR 11 1.
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02736

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 12 hrs + 44 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Friendship
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) J. (Last) Dorsey
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sod
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank Dorsey
14. MOTHER'S MAIDEN NAME: Mary Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk —
17. INFORMANT & ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure, uremia — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 5 yrs
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1954, to 3/16, 1954, that I last saw the deceased alive on 3/16, 1954, and that death occurred at 10:24 a.m. from the causes and on the date stated above.
SIGNATURE A.D. Bonifacio (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-20-54
NAME OF CEMETERY OR CREMATORY West Liberty
LOCATION (City, town, or county) Alpha, Howard (State) Md
DATE REC'D BY LOCAL REGISTRAR 3-16-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Weir & Haight - Sykesville, Md ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2785

MARYLAND STATE DEPARTMENT OF HEALTH

02738

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Irene (Last) Ellicott

4. DATE OF DEATH: (Month) Mar (Day) 2 (Year) 195[illegible]

5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single — 8. DATE OF BIRTH: Jan 19 1904 — 9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: home — 11. BIRTHPLACE (State or foreign country): Alabama — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie R Elliott — 14. MOTHER'S MAIDEN NAME: Irene Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs Elton Howe Olney Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture of skull	2 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Olney — (COUNTY) Monty — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-1-54 ~10:30 P m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fall on floor home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Frank J Broschart M.D. — Gaithersburg Md — 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/5 54 — NAME OF CEMETERY OR CREMATORY Bladen Springs — LOCATION (City, town, or county) Alabama — (State) Clark

DATE REC'D BY LOCAL REG. Mar 2-5-4 — REGISTRAR'S SIGNATURE Gertrude B Lowe — 24. FUNERAL DIRECTOR — ADDRESS Roy W. Barber Laytonsville Md

2786

02739

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
STREET ADDRESS (If rural give location) 115 King William Drive

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Hurst (Last) Esterline
4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12.12.52
9. AGE last birthday: 1+ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jacob Donald Esterline
14. MOTHER'S MAIDEN NAME: Mildred Fairfax Loose

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
204.0
Immediate cause (a) Leukemia, lymphocytic, acute
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 4 Mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1954, to 3/18, 1954, that I last saw the deceased alive on 3/18, 1954, and that death occurred at 9:05 am, from the causes and on the date stated above.

SIGNATURE A. D. Bonifacio (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-20-54
NAME OF CEMETERY OR CREMATORY Hershey Estates Inc
LOCATION (City, town, or county) Hershey (State) Pa

DATE REC'D BY LOCAL REGISTRAR 3-18-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E Pumphrey
ADDRESS Silver Spring Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 4
BUREAU V. S.

2725 Film#G162 Item# 12 4/2/54 emf 02740

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print) (First) HANSINA (Middle) OLSEN (Last) FERRIS

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH March 7, 1860

9. AGE last birthday 94 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christian Wiese

14. MOTHER'S MAIDEN NAME Marie Olsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Lula H. Curtis, 717 Erie Ave. Tak. Pk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral accident, Stroke

Antecedent cause(s) (b) Arterial Hypertension, Hemaplegy

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Mar 28, 1954, that I last saw the deceased alive on Mar 28, 1954, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Oliver E. Thompson M.D. ADDRESS 934 Ellsworth Drive S.S. Md. DATE SIGNED MAR 28 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar 30, 1954

NAME OF CEMETERY OR CREMATORY George Washington Cem.

LOCATION (City, town, or county) Riggs Rd., Pr. Geo Co. (State) Md.

DATE REC'D BY LOCAL REG. Mar. 29-1954

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. ADDRESS Takoma Park D.C.

MARGIN RESERVED FOR BINDING

1

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MAR 30 19
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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural X
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: North Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location): Post Office Box 41

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Ella (Last) FINLEY
4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-22-39
9. AGE last birthday: 14 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Alvin Woodh FINLEY
14. MOTHER'S MAIDEN NAME: Thelma CRAWLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: --
17. INFORMANT AND ADDRESS: Thelma Crawley FINLEY, Post Office Box 41 Marion, North Carolina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2040 Immediate cause (a) Myelogenous [illegible] — [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 March, 19 54, to 26 March, 19 54, that I last saw the deceased alive on 26 March, 1954, and that death occurred at 1:15 p m., from the causes and on the date stated above.

SIGNATURE: S. R. [illegible] JR LT MC USN (Degree or title) ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 3-26-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal Burial — DATE: [illegible] March 1954 — NAME OF CEMETERY OR CREMATORY: Oakgrove Cemetery — LOCATION (City, town, or county) (State): Marion, North Carolina

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: R. A. [illegible] FUNERAL HOME — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

BUREAU V

Items 8 + 1m 6 ... 02742

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Crabb Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 307 Crabb Ave.

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) LEE (Last) FISHER

4. DATE OF DEATH: (Month) (Day) (Year) March 18, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 15, ~~1876~~ 1887

9. AGE last birthday: ~~77~~ 66 yrs. IF UNDER 1 YEAR: Months 11 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Warrenton, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Henry Lambert

14. MOTHER'S MAIDEN NAME: Sarah Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Frank Fisher - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Previous cerebral vascular accident	6 wks
	DUE TO (c) Generalized arteriosclerosis	20 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1954, to 3/18, 1954, that I last saw the deceased alive on 3/16, 1954, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE W. G. Hall (DEGREE OR TITLE) MD ADDRESS Rockville, Md DATE SIGNED 3/18/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/21/54

NAME OF CEMETERY OR CREMATORY Neelsville

LOCATION (City, town, or county) (State) Neelsville Maryland

DATE REC'D BY LOCAL REG. 3-22-54

REGISTRAR'S SIGNATURE Dorothy M. Jacobson

24. FUNERAL DIRECTOR Roberts A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

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F[illegible] Item # 9
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MARYLAND
Film G174, Items 849, 12-10-54, fcy

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.; STREET ADDRESS (If rural, give location) 7708 12th Street N.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sarah	Stewart	FOLGER	March	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Female	White	Widowed	12-8-1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L. Randolph STEWART	Louis OBYLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	- -	Daughter: Catherine H. WICKEY 7708 12th Street, NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
42.1.1 Immediate cause	(a). Coronary occlusion (atherosclerosis) with myocardial infarction	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b). Arteriosclerosis - 2 years	10 years
	(c).	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2 March, 1954, to 4 March, 1954 that I last saw the deceased alive on 4 March, 1954, and that death occurred at 12:35 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S.R. MILLS JR LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 3-11-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8 March 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 March 1954	Mary E. Connelly	S. H. EINES FUNERAL HOME	2901 14th St., N.W. Washington, D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5719 Ogden Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural, give location) 5719 Ogden Street

3. NAME OF DECEASED: (Type or Print) (First) MILLARD (Middle) M. (Last) GARRISON

4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 11-14-'04
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months 4 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Consultant
10b. KIND OF BUSINESS OR INDUSTRY: Engineering Self. Emp.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Millo M. Garrison
14. MOTHER'S MAIDEN NAME: Harriet Brandow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) W W 11
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Lessie B. Garrison- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-29-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/25/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10202 Frederick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10202 Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) CRAIG (Last) GREENE, Sr.

4. DATE OF DEATH (Month) (Day) (Year) March 21, 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-29-81

9. AGE last birthday 72 yrs. If under 1 year Months 2 Days Hours If under 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pat. Atty.

10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wallace Greene

14. MOTHER'S MAIDEN NAME Josie Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Sarah M. Greene- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) .. Coronary occlusion — Interval between onset and death: 3 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .... cardiovascular disease — 1 yr

(c) ....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. , 1939 to Mar 21, 1954 that I last saw the deceased alive on Mar 21, 1954 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Quayle M.D. ADDRESS 1822 Biltmore St N.W. Washington D.C. DATE SIGNED 3-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE 3-24-54

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 3/22/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md.

RECEIVED
MAR 24
BUREAU V. S.

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02746

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 1 wk; HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3822 Warren St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Grieser

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-18-'65

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Albert C. Dare, 3822 Warren St. NW D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Few days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

(9 4.6)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture Rt hip 11-13-53

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broschart M.D. Gaithersburg Md 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried; DATE THEREOF March 31, 1954; NAME OF CEMETERY OR CREMATORY Congressional Cemetery; LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REG. Mar. 29 1954; REGISTRAR'S SIGNATURE William Dodd

24. FUNERAL DIRECTOR H. Don DeVoe, ADDRESS 2224 Wisconsin Ave. NW Washington, D.C.

VS. A15A

2791

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02747

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Betherda Md K
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Betherda Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY D C
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 476-3
STREET ADDRESS (If rural give location) 148 Colf Road Washington D C

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) B (Last) GRIMES

4. DATE OF DEATH: (Month) Mar (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 7 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: day work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 n (If Yes, give war or dates of service) n
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Glenn W Grimes Spring Lake Park Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Myocardial failure, acute with pulmonary edema — 48 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease with myocardial degenerations & hypertrophy — 12 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia — 48 hrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb, 1952, to March 18, 1954, that I last saw the deceased alive on 3.18, 1954, and that death occurred at 405 pm from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M.D. ADDRESS 3921 Ingomar St. DATE SIGNED 3.1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 21/54
NAME OF CEMETERY OR CREMATORY Baptist Cedar Grove
LOCATION (City, town, or county) Md (State)
DATE REC'D BY LOCAL REGISTRAR 3/22/54
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly

VS AIDA

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; MARYLAND; LENGTH OF STAY (In this place) 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md.; STREET ADDRESS (If rural, give location) 6810 Westmoreland Ave

3. NAME OF DECEASED (Type or Print): (First) G Royce; (Middle); (Last) Gunnell

4. DATE OF DEATH: (Month) 3; (Day) 31; (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/9/87

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hours: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gunnell

14. MOTHER'S MAIDEN NAME: Annie unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple cerebral contusions & lacerations — Interval between onset and death: 11 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street; (CITY OR TOWN) Washington; (COUNTY); (STATE) DC.

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-19-54 ? m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Pedestrain struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title): Frank J Broccard M.D. ADDRESS: Gaithersburg md DATE SIGNED: 3-31-54

DISPOSITION (Burial, Cremation, Removal): Burial DATE THEREOF: April 2, 1954 NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery LOCATION (City, town, or county): Arlington, (State): Virginia

DATE RECEIVED BY LOCAL REGISTRAR: April 1 1954 REGISTRAR'S SIGNATURE: J Hilton Dodd

24. FUNERAL DIRECTOR: J. Arthur Walters ADDRESS: 254 Carroll St. NW - Takoma Park DC

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

Montgomery Co.

1. PLACE OF DEATH: COUNTY Takoma Park Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 24 Montgomery Ave. COUNTY Mont. Co. Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tak. Pk, Md.
STREET ADDRESS (If rural, give location) 24 Montgomery Ave.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) HOFFMAN (Last) HAAS.
4. DATE OF DEATH (Month) March (Day) 19, (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11-29-1876
9. AGE last birthday 77 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Duffields West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaac Crawford Haas
14. MOTHER'S MAIDEN NAME Rose Daniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Rose L. Haas. Sister Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) myocardial failure	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio-sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1954, to 3/19, 1954, that I last saw the deceased alive on 3/18, 1954, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter K. Angevine, M.D. 6300-13th St, NW, Wash. 11, DC 3/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/22/54
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Mar 21-1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner & Lumpkey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural A — LENGTH OF STAY (in this place) 2 mo. 1 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 1000 Banaby Terrace SE

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Herman	(Last) HAMILTON	4. DATE OF DEATH	(Month) March (Day) 24 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-30-89	9. AGE last birthday 64 yrs.	If under 1 year Months Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner		10b. KIND OF BUSINESS OR INDUSTRY Mariner	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Charles Herman HAMILTON			14. MOTHER'S MAIDEN NAME Stella CLAYTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) WW I-II	16. SOCIAL SECURITY No. 184-01-2036	17. INFORMANT AND ADDRESS Wife Nellie G. HAMILTON 1000 Banaby Terrace, Washington D.C. SE		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

414X

Immediate cause (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Valvular Heart Ds. — 30 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 January 1954, to 24 March 1954, that I last saw the deceased alive on 24 March, 1954, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE J. R. [illegible] USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — (Degree or title) ADDRESS — DATE SIGNED 3-25-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 29 March 1954	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REG. March 1954	REGISTRAR'S SIGNATURE Mary E. Farrelly	24. FUNERAL DIRECTOR W. J. Chambers, 517 11th St. SE, Washington, D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02751

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 5 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emory Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1509 Mt Royal Avenue

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) M (Last) Hammond

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Aug 23 1860
9. AGE last birthday: 93 yrs. If under 1 year: Months 6 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Royal Oak Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ormond Hammond
14. MOTHER'S MAIDEN NAME: Mary M. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Myocardial Insufficiency
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) High Arterial Tension
DUE TO
(c)

Interval Between Onset And Death: 5 yrs; unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to March 19, 1954, that I last saw the deceased alive on March 18, 1954, and that death occurred at 7 AM, from the causes and on the date stated above.
SIGNATURE William C. Miller, M.D. (Degree or title) 7 Brooks Ave. ADDRESS Gaithersburg, Md DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-21/54
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St Michaels (State) Md
DATE REC'D BY LOCAL REGISTRAR Mar. 19, 1954
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 22 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospitall 10204 Brookmoor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Illinois (Last) Harper

4. DATE OF DEATH: (Month) Mar. (Day) 31 (Year) 1954

5. SEX Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 27-1870
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Johnson.
14. MOTHER'S MAIDEN NAME: Sarah Parr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 10204 Brookmoor Rd. Silver Spring Daughter - Mrs Devora DeMarco Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Hemopericardium — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO (B) Myocardial infarction, acute — 10 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Coronary atherosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Mar, 1954, to 31 Mar, 1954 that I last saw the deceased alive on 31 Mar, 1954, and that death occurred at 9 10 A M, from the causes and on the date stated above.

SIGNATURE John M. Nyman MD M. D. ADDRESS Bethesda, Md. DATE SIGNED 31 Mar 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-3-54
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Winfield, Kansas.

DATE REC'D BY LOCAL REGISTRAR 4/1/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Frank Geier, Sons Co.
ADDRESS 3605-14th St. Wash. D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 Horners Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 418 Horners Lane

3. NAME OF DECEASED (Type or Print) (First) Sidney (Middle) Smith (Last) Hawkins
4. DATE OF DEATH (Month) Mar (Day) 22 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-17-1879
9. AGE last birthday 74 yrs. If under 1 year Months 3 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Labour
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John T Hawkins
14. MOTHER'S MAIDEN NAME Annie E. Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mary Hawkins (wife) Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-25-54
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REG. Mar 23/54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md

March 25, 1954 Dorothy M Jackson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

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02754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery Co. 10231-CARROLL ROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10231-CARROLL ST. FAIRHAVEN, SANITORIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE S E "St. N.W. COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) B. (Last) HAYES.

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: Aug-15-1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETD U.S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY: TREASURY DEPT.

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm Hayes

14. MOTHER'S MAIDEN NAME: Margaret Grady.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. M. L. Moffatt (cousin) 2nd C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1954, to Mar 6, 1954, that I last saw the deceased alive on Mar 5, 1954, and that death occurred at 4:10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos. A. Andrews M.D. 960 Kennedy Dr Silver Spring Md Mar 6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-9-54 — NAME OF CEMETERY OR CREMATORY: HOLY ROOD (crm) — LOCATION (City, town, or county) (State): WASH. D.C.

DATE REC'D BY LOCAL REG. 3-9-54

REGISTRAR'S SIGNATURE: Francis Carter

24. FUNERAL DIRECTOR: Jas. T. Ryan Inc — ADDRESS: 317 Pa Ave S.E.

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MAR 9 1934
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12755

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural ✓
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: "
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indianhead
STREET ADDRESS (If rural give location): 1355 Strauss Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rita (Middle) Anna (Last) HENSHAW

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 31, 1889

9. AGE Last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: McDermott,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): -----

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Husband: Ralph Newton HENSHAW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355X

Immediate cause — (a) Pulmonary embolism — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Cystic lesion of brain — 2 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-8-54

19b. MAJOR FINDINGS OF OPERATION: Large cystic lesion, right temporal lobe

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Feb., 19 54, to 11 March, 19 54 that I last saw the deceased alive on 11 March 1954, and that death occurred at 1202 p.m. from the causes and on the date stated above.

SIGNATURE: E.P. Thelen — (Degree or title) E.P. THELEN LCDR MC USN — ADDRESS: U.S. Naval Hospital, NNMC Bethesda, Maryland — DATE SIGNED: 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 15 March 1954 — NAME OF CEMETERY OR CREMATORY? Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR: 14 March 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS: Chambers Funeral Home 517 11th St., S.E. Washington, D.C.

RECEIVED
MAR 23 1934
BUREAU V. S.

2729

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02756

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK, MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION WASHINGTON SANITARIUM & HOSPITAL
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 708 CRABB AVE.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WILLIAM	Alan	Herford	3	3	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS Hours / Min.
Male	White	SINGLE	3/3/54	yrs. / 17 / 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mr Walter J. Herford	Nelle Belote Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
/		WALTER J. HERFORD 708 CRABB AVE. ROCKVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
760.0 Immediate cause	(a) INTRACRANIAL HEMORRHAGE	17HRS, 40MIN.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) BIRTH INJURY	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. FETAL ATELECTASIS, PROBABLE BRONCHOPNEUMONIA

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1954, to 3-3, 1954, that I last saw the deceased alive on 3-3, 1954, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Mary K. L. Sanderlee M.D.		6811 RIGGS RD., HYATTSVILLE, MD.	3-3-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	3-5-54	Wash. San. & Hospital	Takoma Park Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 5th 1954	William Dodd	R.A. Hare, Mgr. Wash. San. & Hosp.	Takoma Park Md

2034311446

VS. A15 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Written permission from parents. Med. Rec. Li

RECEIVED
MAR 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02757

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5512 Oak Place

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FRANCES Britt Hicks

4. DATE OF DEATH: (Month) (Day) (Year) March 30 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 1, 1895
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby Sitter
10B. KIND OF BUSINESS OR INDUSTRY: Various Homes
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Colvin Hicks
14. MOTHER'S MAIDEN NAME: Clara M. Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Frank Laughead - 5512 Oak Place Bethesda Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSE (S) DUE TO (B) Metastases (Uterine) (from history)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1954, to March 30, 1954 that I last saw the deceased alive on 3-29, 1954, and that death occurred at 6:35 AM, from the causes and on the date stated above.

SIGNATURE W. Doyle ADDRESS Bethesda, Md DATE SIGNED 3-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: April 2, '54
NAME OF CEMETERY OR CREMATORY: Fair Chance
LOCATION (City, town, or county) (State): Fayette Co, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 3/30/54
REGISTRAR'S SIGNATURE Bessie M. Hampton
24. FUNERAL DIRECTOR Robert M. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10

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BUREAU V. S.

2798

MARYLAND STATE DEPARTMENT OF HEALTH

02758

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9907 Dilston Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9907 Dilston Rd

3. NAME OF DECEASED (Type or Print) (First) Chas. (Middle) Dean (Last) Hoffmaster
4. DATE OF DEATH (Month) Mar (Day) 7 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-22-53
9. AGE last birthday yrs. If under 1 year Months 3 Days 1st If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wash. DC
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Paul Hoffmaster
14. MOTHER'S MAIDEN NAME Martha Potter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0 Immediate cause (a) Asphyxia due to Vomitus — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tracheo-Bronchitis Tracheo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Frank J Broschart (Degree or title) M. D. ADDRESS Gaithersburg Md DATE SIGNED 3-7-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3 10 54 NAME OF CEMETERY OR CREMATORY Geo Wash Memorial LOCATION (City, town, or county) Prince Geo Cty (State) Md

DATE REC'D BY LOCAL REG. 3/8/54 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Martin W Hyrung ADDRESS 1300 N St NW L C

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] X — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	STREET ADDRESS (If rural, give location) [illegible] ✓

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) (L)	(Last) HOPKINS Jr	4. DATE OF DEATH (Month) March (Day) 31 (Year) 19[illegible]
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH [illegible]	9. AGE last birthday [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? [illegible]	
13. FATHER'S NAME Thomas HOPKINS		14. MOTHER'S MAIDEN NAME Lora DUNLAP		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓	(If year, give war or dates of service) WW I	16. SOCIAL SECURITY No. [illegible]	17. INFORMANT AND ADDRESS Mrs. Nora HOPKINS 613 C Street NW Washington, D.C.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X

Immediate cause (a) CARCINOMATOSIS — 3 MOS.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BRONCHOGENIC CARCINOMA — 6 MOS.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION [illegible]	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb, 19[illegible], to 31 March, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE P. R. [illegible] (Degree or title) LCDR U.S. Naval [illegible], ADDRESS [illegible], Bethesda, Maryland — DATE SIGNED 4-1-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE [illegible]	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. 1 April 1954	REGISTRAR'S SIGNATURE Mary E. Farrelly	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 202 36th Street, S.E. D.C.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Beatrice (Last) Houle
4. DATE OF DEATH (Month) (Day) (Year) 3 - 25 - 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10-29-99
9. AGE last birthday 54 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Northfield, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Murphy
14. MOTHER'S MAIDEN NAME Cecelia Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 X

Immediate cause (a) Terminal ileus due to small bowel obstruction — 2 days ±

Antecedent cause(s) due to: (b) Metastatic carcinoma of pelvis — 2 months ±

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last due to: (c) Carcinoma of — 2 years ±

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma of liver — 2 months ±

19a. DATE OF OPERATION July 2, 1953
19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1953, to Mar 25, 1954, that I last saw the deceased alive on Mar 25, 1954, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE Jead N. Calvert (Degree or title) M.D. ADDRESS 7894 Ga. Av., Silver Spring, Md. DATE SIGNED Mar 25, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 30, 1954
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Mar. 26-1954
REGISTRAR'S SIGNATURE J. Wilma Dodd
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517 11th St. S.E. D.C.

MARGIN RESERVED FOR BINDING

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted] 02761

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4704 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural give location) 4704 Maple Avenue

3. NAME OF DECEASED: (First) JOSEPH (Middle) S. (Last) ICENHOWER

4. DATE OF DEATH: (Month) (Day) (Year) March 27, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 4, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 5 Days 23; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. US Navy

10b. KIND OF BUSINESS OR INDUSTRY: U S Navy

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Icenhower

14. MOTHER'S MAIDEN NAME: Amanda Long

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W W 1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Florence E. Icenhower-Item # 2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Coronary infarction	Instantaneous
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart disease	20 years
	DUE TO (c) Hypertension	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	senile arteriosclerosis	20 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 1942, to March ....., 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE W.T. GIBB (Degree or title) M.D. ADDRESS 9700 Bexhill Dr. Kensington DATE SIGNED Mar 27 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF 3-29-54; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/28/54; REGISTRAR'S SIGNATURE Bessie M. Thompson; FUNERAL DIRECTOR Robert H. Humphrey; ADDRESS Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 30 1954
BUREAU V.

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MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 8 hrs. 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac
STREET ADDRESS (If rural, give location): R.F.D. #3 - Bethesda

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Lee (Last) Ingalls Sr.
4. DATE OF DEATH (Month) March (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-22-86
9. AGE last birthday: 67 yrs. — If under 1 year: Months 6, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bruner
10b. KIND OF BUSINESS OR INDUSTRY: Retail Business
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Edgar Ingalls
14. MOTHER'S MAIDEN NAME: Elizabeth Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.: yes
17. INFORMANT AND ADDRESS: Norman Lee Ingalls Jr. — Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 12 hrs

Antecedent cause(s) (b) Arteriosclerosis general — 20 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Peticulcer — 20 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to 13 Mar, 1954, that I last saw the deceased alive on 13 Mar, 1954, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE: W S Murphy — (Degree or title) MD — ADDRESS: Rockville Md — DATE SIGNED: 14 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-16-54 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 3/15/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
BUREAU V. S.

2802

02763

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. (Seneca)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location) R.F.D. Seneca

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Vincent (Last) Jacobs

4. DATE OF DEATH (Month) Mar (Day) 20 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-~~25~~-1905

9. AGE last birthday 49 48 yrs. If under 1 year Months 1 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Pa

12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Charles Jacobs

14. MOTHER'S MAIDEN NAME Sarah Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs W. M. Glass – Sharmont Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broschart M.D. Gaithersburg Md 3-20-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3-23-54 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. Mar. 22, 1954 REGISTRAR'S SIGNATURE Amelia Goode

24. FUNERAL DIRECTOR Smith C. Gardner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02764

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Silver Spring - Rte #2 Boswell Nursing Home. COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (In this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home Rte #2, Silver Spring, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Rural #2
STREET ADDRESS (If rural give location) Colesville

3. NAME OF DECEASED: (First) Elizebeth (Middle) M (Last) Jaillite
4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	11/28, 1872	81 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Moscow, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Marks
14. MOTHER'S MAIDEN NAME: Blanche Griswold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Wm. Marks Jaillite, 10,416 Hays Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 week.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Generalized Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19 . , to March 14 19 54, that I last saw the deceased alive on ..... , 19 ...., and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Leroy Shaw, M.D. ADDRESS Kensington, Md. DATE SIGNED March 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. for Burial
DATE THEREOF 3/15/54
NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
LOCATION (City, town, or county) (State) Council Grove, Kansas

DATE REC'D BY LOCAL REGISTRAR 3-15-54
REGISTRAR'S SIGNATURE Frances Potts
24. FUNERAL DIRECTOR ADDRESS Warner & Pumphrey, 2424 Georgia Ave. Silver Spring, Md.

VS. A15

Dr. Frank J. Broschart, Med. Exam., notified and approved, March 14, 1954.

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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park, Md. — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Colombia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 3809 20th. Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Jefferson
4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-27-1875
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Projectionist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William S. Jefferson
14. MOTHER'S MAIDEN NAME: Lucinda Bromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

600.0

Immediate cause (a) myocardial failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) uremia

(c) purulent cystopyelitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1954, to 3/10, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 6.55 a.m., from the causes and on the date stated above.

SIGNATURE: Dr Philip Bloemema — (Degree or title) MD. — ADDRESS: 5911 16th St. NW Wash. 11 DC. — DATE SIGNED: 3/10/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/13/54 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem. — LOCATION (City, town, or county): Prince George Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Mar 10th 1954 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: J. William Lee & Sons — ADDRESS: Wash. D.C.

MARGIN RESERVED FOR BINDING

DUPLAY V. S.

2804

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02766

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2824 Winchester St.

3. NAME OF DECEASED: (Type or Print) (First) Lucretia (Middle) L. (Last) Jones

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 26 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Hindeman

14. MOTHER'S MAIDEN NAME: Mary Jane Fry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 214-18-6167

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Cerebral accident, Hemiplegia — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Fracture, femur - Rt. neck, Surgical treatment — months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture hip 1945 — nailed

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1953, to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/18/54

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 3-15-54

REGISTRAR'S SIGNATURE: Rev. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Pickeyer & Sons

ADDRESS: Balto 17, Md.

2805

02767

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 12810 Matey Road

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Joseph (Last) Keate

4. DATE OF DEATH. (Month) 3 (Day) 31 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child
8. DATE OF BIRTH: 1-10-53
9. AGE last birthday 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph E. Keate
14. MOTHER'S MAIDEN NAME: Betty Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 12810 Matey Rd. Joseph E. Keate, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.3

IMMEDIATE CAUSE (A) Gastroenteritis, acute, serere. — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 March 1954, to 31 March, 1954, that I last saw the deceased alive on 31 March, 1954, and that death occurred at 10:00 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Bethesda 14, Md. DATE SIGNED 31 March 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/3/54
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): District of Columbia

DATE REC'D BY LOCAL REGISTRAR: 4/1/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: [signature]
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10

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[illegible]
[illegible] V. S.

2806

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Naval — LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Fairf[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 140 Richard Avenue

3. NAME OF DECEASED (Type or Print): (First) Charles — (Middle) Louis — (Last) KELLER
4. DATE OF DEATH: (Month) March — (Day) 7 — (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 8 March 1917
9. AGE last birthday: 37 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driller
10b. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis H. KELLER
14. MOTHER'S MAIDEN NAME: Frances SCHWEIGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT, AND ADDRESS: Wife: Estelle KELLER — 140 Richard Ave., Fairfax, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174.1
Immediate cause (a). Carcinoma, abdominal cavity with metastases.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Nov. ., 19 53 to 18 March 19 54, that I last saw the deceased alive on 18 March, 19 54, and that death occurred at 11 p m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS U. S. Naval Hospital, USN, Bethesda, Maryland DATE SIGNED 3-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 22 March 19[illegible] — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. [illegible] — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible]

2732

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02769

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakhaven Convalescent Home 517 Albany Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE xxxxxxxxx — COUNTY xxxxxxx
CITY OR TOWN Washington, D.C. 4
STREET ADDRESS (If rural give location) 529 Sheridan St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) A. (Last) KENNEY

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug. 18, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired Homemaker - Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manchester, N. H.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew Hickey

14. MOTHER'S MAIDEN NAME: Mary Kearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Raymond F. Scholl, 529 Sheridan St., N. W.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis & Cerebral arteriosclerosis — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension & Congestive failure

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20 ..., 19 54, to 3/21 ..., 19 54, that I last saw the deceased alive on 3/20, 19 54 and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED 3/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Ship. & burial — DATE THEREOF Mch. 22, 1954 — NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery — LOCATION (City, town, or county) (State) Manchester, Hillsboro Co., N.H.

DATE REC'D BY LOCAL REGISTRAR Mar 22-1954 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wheaton C. Pumphrey — ADDRESS Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia — MARYLAND — LENGTH OF STAY (In this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. - near Purdum

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia — STREET ADDRESS (If rural, give location) R.F.D. - near Purdum

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Ray (Last) King

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 24 1915

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Wall Worker

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward W King

14. MOTHER'S MAIDEN NAME: Fannie Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Lorraine King Monrovia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage & laceration — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to shot gun wound Head — death

(c) partially decapitated

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm — (CITY OR TOWN) Monrovia - R.F.D. — (COUNTY) Monty — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 3 29 54 4 P m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted shot gun wound

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE: Frank J Brashears — (Degree or title) M.D. — ADDRESS: Smithsburg Md — DATE SIGNED: 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 31/54 — NAME OF CEMETERY OR CREMATORY: Mountain View — LOCATION (City, town, or county): Poolesville — (State): Md

DATE REC'D BY LOCAL REG.: March 30/1954 — REGISTRAR'S SIGNATURE: Della W. Burdette

24. FUNERAL DIRECTOR: Roy W Barber — ADDRESS: Lytonsville Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 216

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5310 Moorland Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5310 Moorland Lane

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Theodora (Last) KIRK
4. DATE OF DEATH (Month) March (Day) 6 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6/25/1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Phila. Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Clements
14. MOTHER'S MAIDEN NAME: Emma Newbold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. A. B. Foster-Sar [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Boeckhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/9/1954
NAME OF CEMETERY OR CREMATORY Last Instead
LOCATION (City, town, or county) (State) Cheshire Co. New Hampshire

DATE REC'D BY LOCAL REG. 3/6/54
REGISTRAR'S SIGNATURE Isaac M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park | RURAL: | LENGTH OF STAY (in this place): 14 hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park

STREET ADDRESS (If rural give location): 6503 Poplar Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	Joseph	Kolb	3	7	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	Married	7-28-96	57 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrician	—	Austria	America

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph J. Kolb	Josephine (Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		011-05-9709	Hospital Record.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Hypertensive Heart Disease	6 mos
	DUE TO (b) Terminal sudden cerebral hemorrhage	3 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (c) Encephalitis	2 yrs
	DUE TO Rheumatoid Arthritis	
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:	Epilepsy	8 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 10, 1953, to 3-7, 1954, that I last saw the deceased alive on 3-7, 1954, and that death occurred at 5:12 Am from the causes and on the date stated above.

SIGNATURE: Kenneth Baughman M.D. (Degree or title) — ADDRESS: 934 Ellsworth Dr. Silver Spring Md. — DATE SIGNED: 3-7-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
Burial	Mar 10 1954	Woodlawn Cemetery	Stoughton Mass.	Mass

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 7th 1954	J. Wilson Dodd	Arthur L. Sellers	254 Carroll Ave N.W. Takoma Park, D.C.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8241 14th Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Kollar

4. DATE OF DEATH: (Month) (Day) (Year) March 17 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: March 17, 1954
9. AGE last birthday: yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 2, Min. 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Charles Kollar, Sr.
14. MOTHER'S MAIDEN NAME: Agnes Marie Mesaros

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - 24 wks gestation
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7.56 a.m., from the causes and on the date stated above.

SIGNATURE Emma Hughes (DEGREE OR TITLE) M.D. ADDRESS Takoma Park, Md - DATE SIGNED 3-17-54

23. BURIAL, CREMATION REMOVAL, (Specify): Cremation
DATE THEREOF 3-18-54
NAME OF CEMETERY OR CREMATORY Wash. San. & Hosp.
LOCATION (City, town, or county) (State) Takoma Park 12, Md.

DATE REC'D BY LOCAL REG. Mar 18 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR R.A. Hare, M.D., Wash. San & Hosp. ADDRESS

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VS. A15 8

Written permission from both parents Wm Hyatt Med. Rec. Lib.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0277

Reg. Dist. No. 2/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8341 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8341 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Bell (Last) Kramer

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 6-10-89 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): King George County, Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Uriah B. Inscoe

14. MOTHER'S MAIDEN NAME: Annette Crismond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Courtland Kramer, 8341 Colesville Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset And Death: 6 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Inanition and Cachexia — 3 months
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild Hypertension — 3 years

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8-1947, to 3-12-1954, that I last saw the deceased alive on 3-12-1954, and that death occurred at 9:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) 8005 Woodbury Dr. ADDRESS Silver Spring, Md. DATE SIGNED 3/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Entombment | DATE THEREOF 3/15/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 3-15-54 | REGISTRAR'S SIGNATURE Francis Potter | 24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey 8434 Georgia Ave., Silver Spring, Md.

VS. A15

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton — LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1402 Wheaton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural, give location) 1402 Wheaton Lane

3. NAME OF DECEASED: (Type or Print) (First) Dangerfield (Middle) Lomax (Last)

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):

8. DATE OF BIRTH: Feb 9 1869

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lomax

14. MOTHER'S MAIDEN NAME: Louise Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Florence Lomax 1402 Wheaton Lane Wheaton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 42.0.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis

DUE TO

(c) Cardio renal Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 6, 1947 — **19b. MAJOR FINDINGS OF OPERATION:** arteriosclerotic gangreene — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 1932 to March 31 1954, that I last saw the deceased alive on March 30 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Webster Sewell M.D. ADDRESS Silver Spring DATE SIGNED 4-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/2/54 — NAME OF CEMETERY OR CREMATORY Allen Chapel — LOCATION (City, town, or county) Wheaton, Md (State)

DATE REC'D BY LOCAL REG. 4/2/54 — REGISTRAR'S SIGNATURE Frances Potter — **24. FUNERAL DIRECTOR** Robert L. Snowden — ADDRESS Rockville Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02776

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendship Rest Home — 5612 - Wisconsin Av.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash., D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Westchester Apt ✓

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) van Baalen (Last) Lowenberg
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 2/14/1870
9. AGE last birthday: Old 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip van Baalen
14. MOTHER'S MAIDEN NAME: Melinda Rosenstock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: William P Berenton - 203 Oxford St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0
Immediate cause (a) Cardiac standstill
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease
DUE TO
(c)

Interval Between Onset And Death: 30 yrs —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to March 15, 1954, that I last saw the deceased alive on 6 March, 1954, and that death occurred at 11:20 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Milton Gusack, M.D. ADDRESS 900-17 N.W. D.C. DATE SIGNED 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3/17/54 NAME OF CEMETERY OR CREMATORY Washington Hebrew Cem. LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 3/15/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Jospeh Gawler's Sons ADDRESS 1756 Pa. Ave. N.W. Washington, D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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LUREAU V. S.

2812

M

MARYLAND STATE DEPARTMENT OF HEALTH

02777

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (rural); LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kings Valley Rd X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (rural); STREET ADDRESS (If rural, give location) Kings Valley Rd

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Frances (Last) Lowry

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-20-1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework Home

10b. KIND OF BUSINESS OR INDUSTRY: Private home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Fink

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Ella Magruder (daughter) Item #2

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

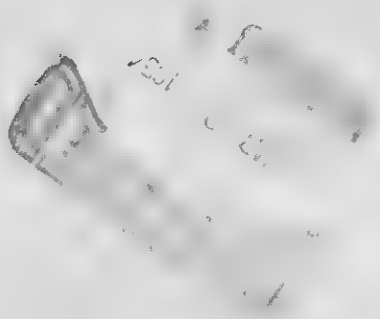
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J Brockhoff (Degree or title) M.D. ADDRESS: Gaithersburg md DATE SIGNED: 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: March 29/54 NAME OF CEMETERY OR CREMATORY: St Lukes Redland md LOCATION (City, town, or county) (State): Montgomery Md

DATE REC'D BY LOCAL REG.: March 27 1954 REGISTRAR'S SIGNATURE: Della W. Burdette FUNERAL DIRECTOR: Roy W Barber ADDRESS: Laytonsville, Md.

VS. A15A



2813

MARYLAND

02778

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural X
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryla[illegible] COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 16302
STREET ADDRESS (If rural, give location) 3550 55th Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Mark (Middle) Edward (Last) MARR
4. DATE OF DEATH: (Month) March (Day) 24 (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 21 March 1954
9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward C. MARR
14. MOTHER'S MAIDEN NAME: Janette W. MAIDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: - -
17. INFORMANT AND ADDRESS: Pvt. Cl. Edward C. MARR - 3550 55th Ave., Cheverly, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage — Interval between onset and death: unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 March 1954, to 24 March 1954, that I last saw the deceased alive on 24 March 1954 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE M. S. Allen (Degree or title) LT MC USN ADDRESS U. S. Naval Hospital, N.M.C, Bethesda, Maryland DATE SIGNED 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 29 March 1954 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 29 March 1954 | REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR [illegible] FUNERAL [illegible] ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

2034211404

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MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 18 02779

CERTIFICATE OF DEATH

Reg. Dist. No. 2 1 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgom — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Sandy Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Marylan — COUNTY Montgom
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLEO (Middle) — (Last) MARSHALL

4. DATE OF DEATH: (Month) Mar (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marrie

8. DATE OF BIRTH: Sept 1, 1911

9. AGE last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Smith

14. MOTHER'S MAIDEN NAME: Mollie Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bill Marshall Sandy Spring Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X
Immediate cause (a) Carcinoma of uterus with

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) metastasis + cachexia
DUE TO (c) + Debilitatis

Interval Between Onset And Death: 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 JAN., 1954, to 4 MARCH 1954 that I last saw the deceased alive on 4 MARCH 1954, and that death occurred at 11:50 AM, from the causes and on the date stated above.

SIGNATURE: John B. Zeigler (Degree or title) M.D. ADDRESS: Olney Md DATE SIGNED: 6 March 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF: Mar 7 54 — NAME OF CEMETERY OR CREMATORY: Mt Carmel Cemty — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR: 3-6-54 — REGISTRAR'S SIGNATURE: Gertrude B Fawcett

24. FUNERAL DIRECTOR: Roy W Barber — ADDRESS: Laytonsville Md

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MAR 9 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02780

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) Wash. San. & Hosp.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) (Baby) Martin

4. DATE OF DEATH: (Month) (Day) (Year) March 25 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 25, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1, Min. 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin, Hunt Vreeland

14. MOTHER'S MAIDEN NAME: Weber, Lorraine Estelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

750X
Immediate cause (a) Anencepoly

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Congenital anomoly

DUE TO

(c) incompatible to life.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE James A Stanton (DEGREE OR TITLE) M.D. ADDRESS 912 Pershing Dr. Silver Spring, Md. DATE SIGNED 3/25/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-26-1954

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. Mar 25 1954

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co - Wash, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2006 Osborne Drive

3. NAME OF DECEASED. (Type or Print) (First) Maude (Middle) Isola (Last) Martin
4. DATE OF DEATH: (Month) (Day) (Year) March 26 1954

5. SEX: Fe.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: March 18 1877
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert McDowall
14. MOTHER'S MAIDEN NAME: Pawlona O. Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: 1800 Sherwood Road T.R. Martin - Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE
(A) Heart Block with Cerebral anoxia — 4.5 min.
DUE TO
ANTECEDENT CAUSE (S)
(B) Heart Block — 11 mo.
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Moderate Hypertension — Years

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1950, to 3-26, 1954, that I last saw the deceased alive on 3-26, 1954, and that death occurred at 4:45 P M, from the causes and on the date stated above.

SIGNATURE [signature] Rogers M.D. M.D. ADDRESS 1919 Seminary Rd Sil. Spg. Md. DATE SIGNED 3-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Shipment & burial
DATE THEREOF: Mch. 28, 1954
NAME OF CEMETERY OR CREMATORY: Deepdale Cemetery
LOCATION (City, town, or county) (State): Lansing, Ingham Co., Mich.

DATE REC'D BY LOCAL REGISTRAR: 4/5/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Bethesda~~ Rockville
STREET ADDRESS (If rural give location) P.O. Box 344 Deerpod Road

3. NAME OF DECEASED: (First) Ruby (Middle) Cordelia (Last) McCarty

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-26-12
9. AGE last birthday: 41 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silver Maker
10B. KIND OF BUSINESS OR INDUSTRY: Airtronic Research
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Lena Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT & ADDRESS: Mr. Edward T. McCarty - Rockville Rt 3 5920 Ridgeway Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

626X
IMMEDIATE CAUSE (A) pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO pelvic inflammatory disease — 10 yrs +
(C) pelvic phlebitis — 48 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. severe uterine hemorrhages at home

19A. DATE OF OPERATION. X 3/22/54
19B. MAJOR FINDINGS OF OPERATION Hyperplastic uterus severe pelvic inflammatory disease
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from X 3-19, 1954, to 3-27, 1954 that I last saw the deceased alive on 3-27, 1954, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

SIGNATURE John O. Cochran MD — ADDRESS M.D. 830 Georgia Silver Spring Md — DATE SIGNED 3-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Transit
DATE THEREOF: 3-27-54
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county) (State): Salem. Virginia

DATE REC'D BY LOCAL REGISTRAR 3/27/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

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MAR 30 1954
BUREAU V

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7401 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont'g.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7401 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) S. (Last) McConnell

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr. 11, 1872.
9. AGE last birthday: 81 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miller
14. MOTHER'S MAIDEN NAME: Ellen Holiwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Charlotte E. May, 7401 Baltimore Ave., Takoma Pk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 1 hour.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Abdominal Carcinomatosis — 3-4 weeks.

DUE TO (c) Adeno-Carcinoma Right Ovary. — 1 year.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 March 1954, to 19 March, 1954, that I last saw the deceased alive on 18 March, 1954, and that death occurred at 9 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 7112 Willow Ave Takoma Park Md. 19 Mar. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Transit
DATE THEREOF: Mar 23, 1954
NAME OF CEMETERY OR CREMATORY: Reynoldsville Cem
LOCATION (City, town, or county): Reynoldsville, (State) Pa.

DATE REC'D BY LOCAL REGISTRAR: Mar 19-1954
REGISTRAR'S SIGNATURE: [signature] Wilson Dodd
24. FUNERAL DIRECTOR: [signature] Tallers 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V.

2737

02781

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 2007 Dayton street

3. NAME OF DECEASED (Type or Print) (First) Marguerite (Middle) Elizabeth (Last) McCord

4. DATE OF DEATH (Month) march (Day) 14 (Year) 1954

5. SEX Fe

6. COLOR OR RACE Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH Aug. 8, 1881

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Conn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geoffrey Conant

14. MOTHER'S MAIDEN NAME Emily E. Birchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Arthur Pfeiffer, 2007 Dayton St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.0

Immediate cause (a) pulmonary oedema — INTERVAL BETWEEN ONSET AND DEATH 10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocarditis

(c) (post operative 3 hrs) — 3 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. left incarcorated inguinal hernia — 2 days

19a. DATE OF OPERATION 3-14-54

19b. MAJOR FINDINGS OF OPERATION incacorated omentum

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12-54, 19....., to 3-14-54, 19....., that I last saw the deceased alive on 3-14-, 1954, and that death occurred at 4 30 p.m., from the causes and on the date stated above.

SIGNATURE John O Robben (Degree or title) MD ADDRESS 7930 Georgia Ave Silver Spring Md DATE SIGNED 3-14-54

23. BURIAL, CREMATION REMOVAL (Specify) Trans. Burial DATE 3/15/54 NAME OF CEMETERY OR CREMATORY Maplewood Cemetery LOCATION (City, town, or county) (State) Norwich, Conn.

DATE REC'D BY LOCAL REG. Mar. 18-1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

1

RECEIVED
BUREAU V. S.

2817

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02785

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6305 Oakridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6305 Oakridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Veronica (Last) McFeeley

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 17 June 72
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Michael J. Luke Corbett
14. MOTHER'S MAIDEN NAME: Bridget Winter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Kathryn Lenor Swain 6305 Oakridge Chevy Chase Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
416X Immediate cause	(a) DUE TO	Coronary occlusion	22 Feb 54
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Rheumatic Heart Disease	1941
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 10 Mar, 1954, that I last saw the deceased alive on 10 Mar, 1954 and that death occurred at 11.30 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas E. Mattingly, M.D. ADDRESS 2200 R. Ave N.E. Wash 18 D.C. DATE SIGNED 10 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-13-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 3/10/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert H. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1954
BUREAU V. S.

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02786

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 22 Hickory St.

3. NAME OF DECEASED (Type or Print) (First) Olive (Middle) (none) (Last) McNeal

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1954

5. SEX Female

6. COLOR OR RACE Cane

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH 4-18-02

9. AGE last birthday 51 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Typist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Dickenson

14. MOTHER'S MAIDEN NAME Hannah Mowbry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Washington Sanitarium and Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

520X

Immediate cause (a) Respiratory Failure due to

Antecedent cause(s) Pneumonitis + pleuritis, type undetermined

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Complicated by Previous collapsed st lung

002X (c) for Pul. tuberculosis

INTERVAL BETWEEN ONSET AND DEATH 7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13/ 1954, to 3-19, 1954, that I last saw the deceased alive on 3-19 1954, and that death occurred at 1:53 P.m., from the causes and on the date stated above.

SIGNATURE Howard T. Moise (Degree or title) MD ADDRESS 7030 Carroll Ave Takoma Park Md DATE SIGNED 3/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Mar 23 1954 NAME OF CEMETERY OR CREMATORY Evergreen Cem LOCATION (City, town, or county) Newport News, (State) Va

DATE REC'D BY LOCAL REG. Mar 19 1954 REGISTRAR'S SIGNATURE J. Helm Dodd

24. FUNERAL DIRECTOR Arthur J. Walters ADDRESS 254 Carroll St N.W. Takoma Park 12 D.C.

MARGIN RESERVED FOR BINDING

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2818

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02787

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Primrose St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 12 Primrose St.

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) WEED (Last) MILLS

4. DATE OF DEATH: (Month) 3/24/ (Day) (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: Dec 9 1871.

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CONN.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LINUS W. WEED

14. MOTHER'S MAIDEN NAME: JULIA T. KETCHAM

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) N

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. JULIA W. CONEDON. #12 PRIMROSE CH. CH MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443x Hypertensive heart disease — Interval Between Onset And Death: 10yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 20yrs +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractures femur left — at 3yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1946 to Mar 24, 1954, that I last saw the deceased alive on Mar 24, 1954, and that death occurred at 2.20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Marie Page M.D. 1150 Conn. Ave. Wash. D.C. Mar 24 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/26/1954

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Wash. DC

DATE REC'D BY LOCAL REGISTRAR 3/25/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Joseph Gawler Sons

ADDRESS 1756 P St. N.W. Wash D.C.

RECEIVED
MAR 29 1954
BUREAU V. S.

2819

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02788

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 117 Gratton St

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) JULIA (Last) MITCHELL

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 12, 1872

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M. Wilson

14. MOTHER'S MAIDEN NAME: Julia Welty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth C. Mitchell 117 Gratton St. Chevy Chase Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 443X Cerebrovascular hemorrhage — 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1954 to 3/8, 1954, that I last saw the deceased alive on 3/8, 1954, and that death occurred at 4:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Marks M.D. — ADDRESS 6306 Wisconsin Ave Chevy Chase Md. — DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-11-54 — NAME OF CEMETERY OR CREMATORY St. Marys — LOCATION (City, town, or county) (State) Emmitsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/11/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Maryland

1954

TEAU V. S.

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2821

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]thesda Rural
LENGTH OF STAY (in this place) 2d [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arli[illegible]
STREET ADDRESS (If rural, give location) 3409 S.S. Stafford

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) Ann (Last) MORIARTY
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
	[illegible]	[illegible]	[illegible]			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]ob MC WILLIA'S
14. MOTHER'S MAIDEN NAME: Sara Ann RICKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: [illegible] MOR[illegible] 3409 S.S.Stafford St, Arli[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Myelogenous Leukemia — Interval between onset and death: 2½ [illegible]
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) ADDRESS DATE SIGNED 3-31-57

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR ADDRESS [illegible]

APR

2822

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 12791

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4616 Montgomery Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 2737 Devonshire Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Kennedy (Last) Murnane

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/5/99

9. AGE Last birthday - IF UNDER 1 YEAR Month Days; IF UNDER 24 HRS. Hours Min.: 54 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Higgonsville, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kennedy

14. MOTHER'S MAIDEN NAME: Minnie Shinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. John C. Welch, Jr., 4491 McArthur Blvd., N.W. Washington, D. C.

18. MEDICAL CERTIFICATION

21. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Carcinoma of rectum with metastasis to lungs and brain

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 year.

11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): none

19a. DATE OF OPERATION: 5-15-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum involving uterus.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 53, to March 3 19 54, that I last saw the deceased alive on Mar 3 19 54, and that death occurred at 10:39 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C P Ryland M.D. ADDRESS 4400 - 49th St., N. W. Washington 16, D. C. DATE SIGNED 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/8/54 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 3/9/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

RECEIVED
MAR 11 1954
BUREAU V. S.

02792

2739

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yakoma RK. LENGTH OF STAY (in this place) 5 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 1200 Lebanon St. Apt. 4

3. NAME OF DECEASED (Type or Print) (First) Bernice (Middle) Irene (Last) Murphy

4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1954

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-10-'03

9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Martin

14. MOTHER'S MAIDEN NAME Julia Anna Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Pts. Chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Acute Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH 7 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease — 40 yrs.

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29-, 1951, to 3-15-, 1954, that I last saw the deceased alive on 3-15-, 1954, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Shoemaker MD 8005 Woodbury Dr Silver Spring, Md 3-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/18/54

NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. Mar 10 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

BUREAU V. S.

2823

02793

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural give location) 3 miles West of Rockville

3. NAME OF DECEASED: (First) MARSHALL (Middle) (Last) Nelson

4. DATE OF DEATH. (Month) March (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: ? 1907

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nelson

14. MOTHER'S MAIDEN NAME: Julia Stoddard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Nelson, Father, Dickerson, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C) Terminal Pulmonary Hemorrhage — 2 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Mar, 1954, to 17 Mar, 1954, that I last saw the deceased alive on 17 Mar, 1954, and that death occurred at 11:25 P M, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS Suburban Hosp. Bethesda, Md. — DATE SIGNED 18 Mar 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 3/23/54 — NAME OF CEMETERY OR CREMATORY Church Cemetery — LOCATION (City, town, or county) Mastonburg — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/23/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR B. L. Snouder — ADDRESS Rockville, Md.

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 26 1954
BUREAU V. S.

Item 10 & 14 film G 162 3/29/54 cm

02794

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9907 Renfrew St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9907 Renfrew St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) NEUMANN
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: TPFA - Dept. US Gov't.
10b. KIND OF BUSINESS OR INDUSTRY: retired painter
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Neumann
14. MOTHER'S MAIDEN NAME: Fredericka Fraking

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Neumann Jr. 9907 Renfrew St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

334X

Immediate cause (a) Cerebral apoplexy (left frontal lobe) — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 2 yrs.

DUE TO (c) with arterial hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis, chr., severe — 20 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 12, 1952, to Mar. 24, 1954, that I last saw the deceased alive on Mar 23, 1954, and that death occurred at 12:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George Dewey M.D. ADDRESS 1629 Col. Rd. NW Wash 9 DC DATE SIGNED 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Arlington Hall Cem.
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REGISTRAR 3-24-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Frank Fevers Sons Co. ADDRESS 3605-14th St. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1934
BUREAU V. S.

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural | LENGTH OF STAY (in this place) 2hrs 13 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10024 Greenock Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pamela	Lee	PARKER	March	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs: Hours Min.
Female	White	Single	2 March 1954	yrs.		2 L

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Bethesda, Maryland	US

13. FATHER'S NAME: Mack Louis PARKER
14. MOTHER'S MAIDEN NAME: Jean Nellie GUILD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	- -	Mrs. Mack L. PARKER 10024 Greenock Rd, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Hydrops Fetalis	
Antecedent cause(s)	Erythroblastosis Fetalis	5 hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
//		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2 March, 19 54, to 2 March, 19 54, that I last saw the deceased alive on 2 March, 19 54, and that death occurred at 1247 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
P. L. HOVEMAN LT MC USN	U. S. Naval Hospital, NNMC, Bethesda, Maryland	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 March 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 March 1954	Mary E. Connelly	[illegible] FUNERAL HOME	7551 Wisconsin Ave., Bethesda, Maryland

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MARGIN RESERVED FOR BINDING

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M

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]	LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
	STREET ADDRESS (If rural, give location) 12111 Dewey Rd., Vier[illegible] Hill Village

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Garrett	(Last) Poland	4. DATE OF DEATH	(Month) March (Day) 18 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 21, 1883	9. AGE last birthday 70 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard T. Poland			14. MOTHER'S MAIDEN NAME Elizabeth Rutter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. ---		17. INFORMANT AND ADDRESS The medical record-The Clinical Center		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1774

Immediate cause (a) Uremia and hydronephrosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ureteral obstruction, bilateral

(c) Carcinoma of the prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan. 27, 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the prostate with local extension	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 31, 1953, to March 18, 1954, that I last saw the deceased alive on March 18, 1954, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE Josiah Brown M.D. (Degree or title) ADDRESS The Clinical Center, National Institutes of Health DATE SIGNED March 18, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar 21, 1954	NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	LOCATION (City, town, or county) Bluemont, (State) Va.
DATE REC'D BY LOCAL REG. 3/19/54	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR [illegible] Walters	ADDRESS 254 Carroll St. N.W. Takoma Park D.C.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

2827

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02797

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 7 Locks Road.

3. NAME OF DECEASED: (Type or Print) (First) Dempsey (Middle) Ward (Last) Powell.
4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 12, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Henry Powell
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Julia Powell (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 581.0
(a) Ruptured esophageal varix — Interval Between Onset And Death: 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Portal Cirrhosis, liver — 2 years
DUE TO
C23X
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Luetic aortic valvulitis, Insufficiency & Stenosis — 2 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-X, 1954, to 3-14, 1954, that I last saw the deceased alive on 3-14, 1954, and that death occurred at 9:46 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Irvine Curtis M.D.
ADDRESS 5707 Wisconsin Ave, Chevy Chase, Md.
DATE SIGNED 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/18/54
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town or county) (State) Rockville, Md.
DATE REC'D BY LOCAL REGISTRAR 3/17/54
REGISTRAR'S SIGNATURE Jessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

2740

02798

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK, MD.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM + HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Burnt Mill Hill, Silver Spring Maryland

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) LOUISE (Last) REEVES

4. DATE OF DEATH: (Month) MARCH (Day) 9 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 12/20/95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DISTRICT OF COLUMBIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES T GALLAHORN
14. MOTHER'S MAIDEN NAME: ELIZABETH BRILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. W. Wallace Reeves, Burnt Mill Ave. Burnt Mill Hills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 527.1

Immediate cause (a) Respiratory failure due to congestive heart failure
DUE TO
Antecedent cause(s) (b) due to [illegible]
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to 3/4/54, 19....., that I last saw the deceased alive on 3, 19[illegible], and that death occurred at 2:21 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) M.D. ADDRESS [illegible] Wash. D.C. DATE SIGNED 4/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/12/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. March 11-1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

RECEIVED
MAR 15 1954
BUREAU V. S.

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02799

[illegible] STATE [illegible] OF [illegible]—BALTI[illegible]

CERTIFICATE OF DEATH

[illegible] 216

1. PLACE OF DEATH: Montgomery MARYLAND
[illegible] RURAL [illegible] 14 yrs
TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4316 Lynbrook Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery COUNTY
Maryland
CITY OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4316 Lynbrook Dr.

NAME OF DECEASED: MARGARET G. RICE

4. DATE OF DEATH: MARCH 14 54.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed
8. DATE OF BIRTH: Sept.4,1860
9. AGE last birthday: 93 Yrs 6 Mo 10 Day Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Adam Grabner
14. MOTHER'S MAIDEN NAME: Unknown

15. WAR DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs E.R. Newcomb- Item# 2

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremia — Interval Between Onset And Death: 8 Mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Glomerulonephritis — 15 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1953, to March 14, 1954, that I last saw the deceased alive on March 14 1954, and that death occurred at 10:35 A.M, from the causes and [illegible]

SIGNATURE (Degree or title): Glenn A. Rice, M.D.
ADDRESS: Silver Spring, Md 8726 Colesville Rd.
DATE-SIGNED: March 14, 1954

23. BURIAL CREMATION, REMOVAL (Specify): Burial-Transit
DATE THEREOF: 3-16-54
NAME OF CEMETERY OR CREMATORY: Oakwood
LOCATION: Saginaw County, Michigan
DATE FILED BY LOCAL REGISTRAR'S SIGNATURE: 3/15/54 Bessie M. Hampson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [illegible] specially [illegible]. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND — STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital	STREET ADDRESS (If rural, give location): 4437 Douglas Street NE

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Osa	(Last) RICHARDSON	4. DATE OF DEATH	(Month) March (Day) 10 (Year) 19
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 9-29-16	9. AGE last birthday: 37 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner	10b. KIND OF BUSINESS OR INDUSTRY: Mariner	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: William RICHARDSON		14. MOTHER'S MAIDEN NAME: Ida FLETCHER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: - -	17. INFORMANT AND ADDRESS: Sister: Mrs Ada R. POINDEXTER, 4437 Douglas St., NE, Washington, D. C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

457X Immediate cause	(a) Dissecting Aortic Aneurysm	5 days
Antecedent cause(s)	—	—
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	—
	(c) —	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/5/54	19b. MAJOR FINDINGS OF OPERATION: Dissecting Aortic Aneurysm	20. AUTOPSY? Yes ✓ No
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 March, 1954, to 10 March, 1954, that I last saw the deceased alive on 10 March, 1954, and that death occurred at 3:45 a m., from the causes and on the date stated above.

SIGNATURE: W. C. Davis (Degree or title) — ADDRESS: W. C. DAVIS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 3-11-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12 March 1954	NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 10 March 1954	REGISTRAR'S SIGNATURE: Mary E. Farrelly	24. FUNERAL DIRECTOR: FORDS FUNERAL HOME, 1213 4th St SW, Washington, D. C.	ADDRESS

MARGIN RESERVED FOR BINDING

2839

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12801

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 2hrs 35min
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Riggs

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Married

8. DATE OF BIRTH: 9.30.02

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Edgar Riggs

14. MOTHER'S MAIDEN NAME: Mary Catherine Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-32-2472

17. INFORMANT'S ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intraventricular Cerebral Hemorrhage — Interval Between Onset And Death: 4 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — hypertension — several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from ..., 1947, to March 19, 1954, that I last saw the deceased alive on March 19, 1954, and that death occurred at 10:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard A. Yates M.D. ADDRESS Olney, Md. DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** Mar 20/54 **NAME OF CEMETERY OR CREMATORY** Rockville Union **LOCATION** (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-20-54 **REGISTRAR'S SIGNATURE** Gertrude B Fawley

24. FUNERAL DIRECTOR Roy W. Barber **ADDRESS** Laytonsville Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 62802

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.
STREET ADDRESS (If rural give location) 9905 Merwood Lane

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Pearl (Last) Riley

4. DATE OF DEATH: (Month) 3 ~~28~~ (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-6-03
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months 8 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Breshears
14. MOTHER'S MAIDEN NAME: Mary Morrison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary C. Clarke R.N. 9107 Flower Ave. S.S. Md.

18. MEDICAL CERTIFICATION

*1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Papillary Adenocarcinoma Right ovary

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized carcinomatosis and ascites

DUE TO (c) Terminal Intestinal obstruction and uremia.

Interval Between Onset And Death: 4 Mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-24-53
19b. MAJOR FINDINGS OF OPERATION: Abdominal Carcinomatosis advanced inoperable
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1953, to 3-28, 1954, that I last saw the deceased alive on 3-28 1954, and that death occurred at 9:05 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Baughlin MD
ADDRESS 934 Edgewood Dr. Silver Spring
DATE SIGNED 3-28-54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF MAR 31 1954
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem
LOCATION (City, town, or county) Brick Georgia Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar. 28-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Deal Funeral Home
ADDRESS 4812 Ga ave NW Wash. D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02803

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) EVA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 332 Lincoln Ave

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) PIERCE (Last) ROBINSON

4. DATE OF DEATH (Month) MAR (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 22, 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Building Trades
11. BIRTHPLACE (State or foreign country) McKeesport, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John T. Robinson
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Elizabeth M. Robinson, 332 Lincoln Ave

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - Transit
DATE THEREOF May 17, 1954
NAME OF CEMETERY OR CREMATORY Westmoreland Memorial Park
LOCATION (City, town, or county) Greensburg (State) Penna

DATE REC'D BY LOCAL REG. Mar. 14-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur S. Walters ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

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[illegible] U. S.

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MARYLAND — **STATE DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 13 Jefferson ave

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Elizabeth (Last) Scott

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 24 1913

9. AGE last birthday: 41 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Still

14. MOTHER'S MAIDEN NAME: Mary Datcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lawrence H. Scott (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

230 X

Immediate cause (a) Intracranial hemorrhage — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Ruptured Congenital Berry Aneurysm Middle Meningeal Artery, Left — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11, 1954, to 3-14, 1954, that I last saw the deceased alive on 3-14, 1954, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. M. Curtis M.D. 5707 Wisconsin Ave. Chevy Chase Md. 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/17/54 — NAME OF CEMETERY OR CREMATORY: Lincoln Memorial — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 3/17/54 — REGISTRAR'S SIGNATURE: Jessie M. Thompson

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md

RECEIVED
MAR 10 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02805

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2109 Spencer Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY 4th 3; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 1806 Monroe St. N.W

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Mary (Last) Sheehan

4. DATE OF DEATH: (Month) Mar (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-11-87

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick J. Sheehan

14. MOTHER'S MAIDEN NAME: Ellen L. O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Alice S Lawrence - 2109 Spencer Rd. S.S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260K

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosnahan (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/20/54; NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery; LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3-17-54; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Francis J Collins; ADDRESS 3821-14th St. N.W. Wash. D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12816

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Olney
LENGTH OF STAY (in this place) 12 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monta
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Clarksburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) William (Last) Shifflet

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 23. 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 10 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Melvin Shifflet

14. MOTHER'S MAIDEN NAME: Evaleen Virginia Staub

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular collapse — Interval Between Onset And Death: 6 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Dehydration accompanied by coma. — 12 hr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Anemia

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1954, to March 22 1954, that I last saw the deceased alive on MAR. 22, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE Lillian K. Burger (Degree or title) M.D ADDRESS Olney DATE SIGNED March 22, 1954

Lillian K. Burger M.D

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-24-54 | NAME OF CEMETERY OR CREMATORY Clarksburg | LOCATION (City, town, or county) Clarksburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-24-54 | REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR James C. Gaither ADDRESS Gaithersburg Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MAILGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: MONT G — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Glen
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Forest Glen Villa

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3721 Fulton Street, NW

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) DRAGONETTI (Last) SIMONELLI

4. DATE OF DEATH: (Month) MAR. (Day) 13 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 5, 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Stay at Home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Anthony Pasquale

14. MOTHER'S MAIDEN NAME: Theresa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: D. J. Dragonetti, 3721 Fulton St. NW DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Acute cardiac failure — 1 Day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — Many Years

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from June 20, 1951 to March 13, 1954, that I last saw the deceased alive on March 13, 1954 and that death occurred at [illegible] p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] — ADDRESS: 1746 K St. N.W. — DATE SIGNED: 3-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 17, 1954 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Brooklyn, New York

DATE REC'D BY LOCAL REG.: 3/15/54 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J. Arthur Walters — ADDRESS: 254 Carroll St. NW Takoma Park, DC.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS Youngerman's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 715 Beall Ave.

3. NAME OF DECEASED (Type or Print) (First) Iva (Middle) I. (Last) Slater
4. DATE OF DEATH (Month) March (Day) 29 (Year) 1954
5. SEX F
6. COLOR OR RACE Wnite
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/20/76
9. AGE last birthday 78 yrs. If under 1 year Months 2 Days 9 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James William Slater
14. MOTHER'S MAIDEN NAME Mary Elizabeth Darr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Thomas Slater, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity & Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952, 19....., to 29 Mar, 1954, that I last saw the deceased alive on 29 Mar, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE W S Murphy (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 30 March 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 1 1954
NAME OF CEMETERY OR CREMATORY Potomac Cemetery
LOCATION (City, town, or county) (State) Potomac, Maryland

DATE REC'D BY LOCAL REG. 3/31/54
REGISTRAR'S SIGNATURE Dorothy M. Jacobson
24. FUNERAL DIRECTOR Lowell A. Humphrey ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

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STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 11
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1215 Geranium St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Little (Middle) (none) R (Last) Smith

4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3-17-1874

9. AGE last birthday 80 yrs. If under 1 year Months Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~housewife~~ Charge of Exhibits

10b. KIND OF BUSINESS OR INDUSTRY Cleveland Museum

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Newell C. Ricks

14. MOTHER'S MAIDEN NAME Mary Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420. Immediate cause	(a)	Pericarditis - supurative	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary thrombosis	5 days
	(c)	Arteriosclerotic heart disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

I

22. I hereby certify that I attended the deceased from Mar. 18, 1954, to Mar. 24, 1954, that I last saw the deceased alive on Mar. 29 1954, and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE John B. Umbrian (Degree or title) MD ADDRESS 4000 16th St. N.W. DC DATE SIGNED Mar 24 '54

23. BURIAL, CREMATION REMOVAL (Specify) Ships Burial DATE 3/25/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Taylorville, Ill.

DATE REC'D BY LOCAL REG. Mar. 24 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burtonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burtonsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Dora (Last) Snyder

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/22/82

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker - retired

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Viehmeyer

14. MOTHER'S MAIDEN NAME: Carolina Schramm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. D. Leroy Snyder, Burtonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5927X

Immediate cause (a) Hemiplegia. — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Myocarditis — 5 yrs.

(c) Chr. Nephritis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1954, to 3/5, 1954, that I last saw the deceased alive on 3/4, 1954, and that death occurred at 10.25 a.m., from the causes and on the date stated above.

SIGNATURE: B P Warren MD (Degree or title) — ADDRESS: Laurel Md — DATE SIGNED: 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/8/54

NAME OF CEMETERY OR CREMATORY: Burtonsville Union Cemetery

LOCATION (City, town, or county) (State): Burtonsville, Maryland

DATE REC'D BY LOCAL REG: 3-1-54

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct item is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK, MD. — LENGTH OF STAY (In this place): 2 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM AND HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 8520 GARLAND AVE.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) COMER (Last) STALLWORTH
4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 10/18/1896
9. AGE (Last Birthday): 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HENRY STALLWORTH
14. MOTHER'S MAIDEN NAME: EMMIE ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war, or dates of service) WW I
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: MRS. D. F HUMMER (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9/P.2

Immediate cause (a) Respiratory Failure. — 10 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pos. Barbiturate Poisoning. — 3 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide X, homicide , undetermined .*

SIGNATURE: John S. Ball — (Degree or title) M.D. — ADDRESS: 7936 Georgetown Rd Bethesda Md. 12 March 54 — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/15/54 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: MAR 18 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

12812

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Route 2 - Briggs Chaney Rd

3. NAME OF DECEASED (Type or Print) (First) Max (Middle) Leon (Last) STevens

4. DATE OF DEATH (Month) (Day) (Year) 3 - 25 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-15-14

9. AGE last birthday 40 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technician

10b. KIND OF BUSINESS OR INDUSTRY Naval Ord. Lab.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Max STevens

14. MOTHER'S MAIDEN NAME Maude STrisley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1

Immediate cause (a) Terminal Illness — Interval Between Onset and Death: .....

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Peritonitis - fibrosis — 1.9 days

(c) Acute gangrenous appendicitis — 21 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2-19-54

19b. MAJOR FINDINGS OF OPERATION Acute Gangrenous appendicitis - localized peritonitis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 19, 1954, to Mar 25, 1954, that I last saw the deceased alive on Mar 27, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne (Degree or title) MD ADDRESS 7600 Carroll ave Takoma Park Md DATE SIGNED 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE March 30, 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REG. Mar. 28-1954 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Simmons Brothers, 2007 Nichols Ave S.E. ADDRESS Washington DC

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORWOOD. LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Holly Grove Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X NORWOOD
STREET ADDRESS (If rural give location) Holly Grove Road.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) E. (Last) Stockett

4. DATE OF DEATH (Month) Mar (Day) 18 (Year) 1954

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept 30, 1888 | 9. AGE last birthday 66 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OR WHAT COUNTRY? USA

13. FATHER'S NAME John P. Stockett | 14. MOTHER'S MAIDEN NAME Mary Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Isabelle Stewart (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosnhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-18-54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 3/22/54 | NAME OF CEMETERY OR CREMATORY Ash Memorial | LOCATION (City, town, or county) Sandy Spring (State) Md.

DATE REC'D BY LOCAL REG. 3/22/54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

02814

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Eastmoor Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 114 Eastmoor Drive

3. NAME OF DECEASED (Type or Print): (First) LAURENCE (Middle) H. (Last) STONE

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 8, 1889

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Phillipsburg, N. J.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Thomas Stone

14. MOTHER'S MAIDEN NAME: Sarah Harriet Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Gretta K. Stone, 114 Eastmoor Dr., S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY, OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

David D. Bosshart M.D. Gaithersburg Md 3-25-54

DISPOSITION (Burial, Cremation, Removal, Other) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Ship & burial — Mch. 25, 1954 — Rockaway Presbyterian Cemetery, Rockaway, Morris Co., N.J.

DATE REC'D BY LOCAL REG. 3-25-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Warner E. Pumphrey Silver Spring, Md.

RECEIVED
MAR 1934
BUREAU V. S.

2839

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 12853

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8015 Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgome
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 8015 Georgetown Road

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) E. (Last) STURM

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Sept. 16, 1875	78 yrs.	6	9		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Ohio	US

13. FATHER'S NAME: Henry Eisfelder

14. MOTHER'S MAIDEN NAME: Mary Elsas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Ned H. Strum- Hotel Alms Cincinnati, Ohio

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	11 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Generalized Arteriosclerosis	10 yrs.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/25, 19 54, to 3/25, 19 54, that I last saw the deceased alive on 3/25, 19 54, and that death occurred at 7.15 P.M, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William T. Savard	MD	1150 Com. Ave	3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	3-26-54		Cincinnati, Ohio

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/26/54	Burial Undertaker	Robert H. Dunphey	Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montg Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Glen
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Glen X
STREET ADDRESS (If rural give location) 9810 Ga Ave

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) (Last) SULLIVAN

4. DATE OF DEATH: (Month) MARCH (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: 7-16-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Sullivan
14. MOTHER'S MAIDEN NAME: Mary Kelley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Margaret Sullivan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 472.1 (a) CORONARY THROMBOSIS

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) HYPERTENSIVE HEART DISEASE

DUE TO

(c) ESSENTIAL HYPERTENSION

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL HEMORRHAGE (OLD)

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 24, 1954, to MARCH 7, 1954, that I last saw the deceased alive on MARCH 7, 1954, and that death occurred at 12:55 A.M. from the causes and on the date stated above.

SIGNATURE Henry M. Lowden (Degree or title) M.D. ADDRESS 5206 Norway Dr. Chevy Chase, Md DATE SIGNED 3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3-9-54
NAME OF CEMETERY OR CREMATORY Mass
LOCATION (City, town, or county) (State) Mass

DATE REC'D BY LOCAL REGISTRAR? 3-9-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W. R. Huntsman & Son ADDRESS 5732 Ga Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 3/6

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 9200 Burley Drive

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) BEATTIE (Last) SUTHERIN

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-7-1893
9. AGE last birthday 60 yrs. If under 1 year: Months 10, Days, Hours 27, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George Beattie
14. MOTHER'S MAIDEN NAME Arabella Greer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. yes-
17. INFORMANT AND ADDRESS J.J. Sutherin- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 X
Immediate cause (a) Renal failure

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic glomerulonephritis — 1 yr.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1954, to Mar. 4, 1954, that I last saw the deceased alive on Mar. 4, 1954, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas L. Hartman, M.D. ADDRESS 1834 Eye n. w. Wash D.C. DATE SIGNED 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 3-6-54
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 3/6/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Dempsey
ADDRESS Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Silver Spring
LENGTH OF STAY (in this place): 29yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10011 Capitol View Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 10011 Capitol View

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) W... (Last) Trimble

4. DATE OF DEATH: (Month) 3/4 (Day) (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 12, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Dist. of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Matthew Trimble

14. MOTHER'S MAIDEN NAME: Rachael E. Tailor

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: Lucylle R. Trimble 10011 Capitol View Silver Spg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2

Immediate cause (a) Cardiac Dilatation — Interval Between Onset And Death: 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Ch. Myocarditis — 9 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ....., 1953, to Mar. 4, 1954, that I last saw the deceased alive on Mar 3., 1954, and that death occurred at 10.08 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Caryl Burbank — ADDRESS: 1601 Eye St. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 3-6-54 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR: 3-4-54 — REGISTRAR'S SIGNATURE: Francis Fuller

24. FUNERAL DIRECTOR: Joseph Gawler's Sons — ADDRESS: 1756 Pa. Ave. N.W. Wash. DC

VS. A15

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MAR 8 1954
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,220 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10,220 Colesville Road

3. NAME OF DECEASED (Type or Print): (First) Alton (Middle) Ellsworth (Last) Turner

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/4/09

9. AGE last birthday: 45 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician - self-employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert B. Turner

14. MOTHER'S MAIDEN NAME: Mabel Goddard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: yes

17. INFORMANT AND ADDRESS: Mrs. Mary S. Turner, 10,220 Colesville Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6-8 yrs

345X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: "

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1946., to 19 March, 1954., that I last saw the deceased alive on 18 Mar., 1954., and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE: William D Lund — (Degree or title) M D — ADDRESS: Silver Spring Md — DATE SIGNED: 19 March 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/22/54

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 3/22/54

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warren E. Pumphrey 8434 Georgia Ave. Silver Spring, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02820

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 2 mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home Silver Spring Md R.F.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood X
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Garland (Last) Turner

4. DATE OF DEATH: (Month) Mar (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 20 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: for self
11. BIRTHPLACE (State or foreign country): Prince George Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Turner
14. MOTHER'S MAIDEN NAME: Ironmongers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No: none
17. INFORMANT & ADDRESS: Ella Ruth Succar Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Pulmonary Oedema — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiovascular heart disease — one year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to March, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 3-20-54, from the causes and on the date stated above.

SIGNATURE Lucy Burton (Degree or title) M.D. ADDRESS 3701 Conn Ave N.W. D.C. DATE SIGNED 3-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/22/54
NAME OF CEMETERY OR CREMATORY St. Johns P. Ex.
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR 2/26/54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring (rural) | LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge-Chaney Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville (rural)
STREET ADDRESS (If rural, give location) Norwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Edward (Last) Tyler

4. DATE OF DEATH (Month) Mar (Day) 29 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	March 5, 1935	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Landscape	Alleghany County, Virginia	U.S.A.

13. FATHER'S NAME: Obie Tyler

14. MOTHER'S MAIDEN NAME: Grace Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	218-30-2850	Mr. Obie Tyler, Norwood Rd., Route #3 Rockville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thoracic & Abdominal hemorrhage	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Crushed chest - Rupture of heart & liver	death
	(c) DUE TO Auto accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY highway	21c. (City or town) Silver Spring	(County) Monty	(State) md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Mar 24-54 8 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Passenger - In auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Trent J. Mosebar M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/31/54	Colesville Cemetery	Montgomery County, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 30/54	Frances Potter	Warner & Lumpkins	8434 Ga. Ave. Silver Spring, Maryland

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 2 19
V. S.

2845

02822

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marcellus (Middle) Eugene (Last) Wade
4. DATE OF DEATH (Month) (Day) (Year) March 14 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-26-95
9. AGE last birthday 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Marcellus Eugene Wade
14. MOTHER'S MAIDEN NAME Zourie Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 4511 Avondale St. Betty Guandolo - daughter - Beth., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Infarction, Acute. — 24 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 3/14, 1954, that I last saw the deceased alive on 3/14, 1954, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE DeWitt E. DeLawter, MD (Degree or title) ADDRESS 8025 ABERDEEN Rd Bethesda 14, Md DATE SIGNED 3/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3-17-54 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REG. 3/15/54 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

02823

2846

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annandale
STREET ADDRESS (If rural, give location) 115 Pine Drive

3. NAME OF DECEASED (Type or Print) (First) Kerry Elayne (Middle) (Last) WEINBECK

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2 March 1954
9. AGE last birthday yrs. If under 1 year Months. Days 2 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Leo W. WEINBECK
14. MOTHER'S MAIDEN NAME Arliss M. DOROFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT AND ADDRESS Father: Leo W. WEINBECK 115 Pine Drive, Annandale, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Atelectasis, bilateral

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 45 hr. 42 min.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 March, 19 54, to 4 March, 19 54, that I last saw the deceased alive on 4 March, 19 54 and that death occurred at 4:10 a m., from the causes and on the date stated above.

SIGNATURE M S Allen (Degree or title) ADDRESS DATE SIGNED
M.S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 3-11-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8 March 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 5 March 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. G. PUMPREY FUNERAL HOME ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda,
STREET ADDRESS (If rural give location) 4515 Avamere Street

3. NAME OF DECEASED: (Type or Print) (First) PATRICIA (Middle) RUTH (Last) WERTH

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1-14-'24

9. AGE last birthday: 30 yrs
IF UNDER 1 YEAR: Months 2 Days 12
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank R. Hinkle, Jr.

14. MOTHER'S MAIDEN NAME: Esther R. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Yes-Unknown

17. INFORMANT & ADDRESS: Albert C. Werth- Item # 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
401.1 IMMEDIATE CAUSE	(A) Pulmonary Embolism	4 hrs.
ANTECEDENT CAUSE (S)	DUE TO (B) Pulmonale Heart Disease	24 hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 678.5	DUE TO (C) Superimposed Bacterial Endocarditis	15 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pregnancy 7 mos duration	7 months

19A. DATE OF OPERATION: 26 March '54
19B. MAJOR FINDINGS OF OPERATION: Gravid Uterus 7 mos.
Post Mortem Cesarean Section

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 March, 1954, to 26 March, 1954, that I last saw the deceased alive on 26 March, 1954, and that death occurred at 10 10 P M, from the causes and on the date stated above.

SIGNATURE Michael L. Buckley
ADDRESS M. D. 4630 Montgomery Ave.
DATE SIGNED 27 March 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-31-54
NAME OF CEMETERY OR CREMATORY Versailles
LOCATION (City, town, or county) (State) Allegany Co., Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 3/31/54
REGISTRAR'S SIGNATURE Lissie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02825

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
LENGTH OF STAY (in this place) 4 years +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mary Mitchell Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 500 Loudon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) A. (Last) Hartsett

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept-6-1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 6 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Home-wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Poulton
14. MOTHER'S MAIDEN NAME: Irene Rea

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Her record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
794 X
Immediate cause (a) Senile
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
902.0 (c)

Interval Between Onset And Death: 3-4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Later forever
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Gaithersburg (COUNTY) Montgomery (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-26-51 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? fell out of bed

22. I hereby certify that I attended the deceased from Sept-27-1950, to March-11-1954, that I last saw the deceased alive on March-11-1954, and that death occurred at 1 AM, from the causes and on the date stated above.
SIGNATURE William C. Miller, M.D. (Degree or title) 7 Brooks Ave. ADDRESS Gaithersburg DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 3-13-1954
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 3-12-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2746

02820

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 7723 Eastern Ave. N.W. X

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Higgins (Last) Wiley

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-26-02
9. AGE last birthday 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physicist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Wiley
14. MOTHER'S MAIDEN NAME Abbey Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

Immediate cause (a) Acute Congestive Heart Failure & Pulmonary Edema — 2 days

Antecedent cause(s) Pericarditis with pericardial effusion due to — 6 wks

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — 3 mos.

(c) Chronic Glomerular Nephritis — 12 yrs.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1954, to 3-27, 1954 that I last saw the deceased alive on 3-27, 1954, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE Lee Voe K. Meade (Degree or title) M.D. ADDRESS Takoma Park 12, Md. DATE SIGNED 3-27-54

23. BURIAL, CREMATION (Specify) Burial DATE Mar 30 1954 NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery LOCATION (City, town, or county) Hartford Wellfleet, Barnstable Pass. (State) Conn

DATE REC'D BY LOCAL REG. Mar 27 54 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. H. Hines Co. ADDRESS Washington 9, DC

RECEIVED
MAR 30 1954
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02821

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X Brinklow
LENGTH OF STAY (in this place) 3 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X Brinklow Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) DANIEL (Last) WILSON

4. DATE OF DEATH: (Month) Mar (Day) 20 (Year) 1954

5. SEX: Mal
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 1 1951
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): n
10b. KIND OF BUSINESS OR INDUSTRY: n
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard D. Wilson
14. MOTHER'S MAIDEN NAME: Patricia D. Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) n
16. SOCIAL SECURITY No.: n
17. INFORMANT & ADDRESS: Mrs Patricia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0

Immediate cause (a) Leukemia, lymphatic, acute — Interval Between Onset And Death: 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1951, to 3/20, 1954, that I last saw the deceased alive on 3/19, 1954, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE: A. D. Bonyaud (Degree or title) M.D. ADDRESS: Sandy Spring Md DATE SIGNED: 3/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar 21 54
NAME OF CEMETERY OR CREMATORY: Brinklow Md
LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR: 3-21-54
REGISTRAR'S SIGNATURE: Gertrude B Fowler
24. FUNERAL DIRECTOR: Roy W. Barber ADDRESS: Laytonsville Md

MAR 1954

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8920 GALVIN COURT

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural give location) 8920 GALVIN COURT

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) V. (Last) WOOD

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 21 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: NOV. 9, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BATH, MAINE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY CARD
14. MOTHER'S MAIDEN NAME: EMILY KNOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Edith Knox 8920 GALVIN CT. BETHESDA. MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Coronary Occlusion — Interval Between Onset And Death 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to 3/21/54, 19 , that I last saw the deceased alive on 3/21/54 19 , and that death occurred at 2,30 , from the causes and on the date stated above.

SIGNATURE William P. Wright M. D. (Degree or title) ADDRESS 1150 Conn Ave Wash D.C. DATE SIGNED 3/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 3-23-54
NAME OF CEMETERY OR CREMATORY ROCK CREEK CEM.
LOCATION (City, town, or county) WASHINGTON 9, D.C. (State)
DATE REC'D BY LOCAL REGISTRAR 3/22/54
REGISTRAR'S SIGNATURE Bessie McThompson
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS Washington 9, D.C.

Dr. William P. Argy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2851

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
LENGTH OF STAY (in this place): 1hr. 5min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY: 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 334 Huron Drive

3. NAME OF DECEASED (Type or Print): (First) Scott (Middle) Douglas (Last) WOOD

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3-10-54

9. AGE last birthday: yrs. — If under 1 year: Months. Days 13 — If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert C. WOOD

14. MOTHER'S MAIDEN NAME: Dorothy L. MC KINNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert C. WOOD — 334 Huron Drive, Washington 21, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 274X Acute Adrenal Insufficiency — Interval Between Onset and Death: 3 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adrenal Hyperplasia — 13 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 March, 19 54 to 23 March, 19 54, that I last saw the deceased alive on 23 March, 19 54, and that death occurred at 12:20 p m., from the causes and on the date stated above.

SIGNATURE: D.J. PASCOE — (Degree or title) LT MC USN — ADDRESS: U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 3-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 26 March 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 24 March 1954 — REGISTRAR'S SIGNATURE: Mary E. Connelly

24. FUNERAL DIRECTOR: DEAL FUNERAL HOME — ADDRESS: 4812 Georgia Ave., NW Washington, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN German Town
STREET ADDRESS (If rural, give location) Brownstown

3. NAME OF DECEASED: (First) William (Middle) A. (Last) Wood

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 8, 1867

9. AGE last birthday: 87/7/ 86 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wood

14. MOTHER'S MAIDEN NAME: Anne Hallmans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Martha Massey (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X
Immediate cause (a) Chronic glomerular nephritis — Interval Between Onset and Death: 10 years
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis — 10 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 49, to March 22 19 54, that I last saw the deceased alive on March 20 19 54, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE John S. Fawcett (DEGREE OR TITLE) M.D. ADDRESS Boyd, Md. DATE SIGNED 23 March 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 3/25/54 — NAME OF CEMETERY OR CREMATORY Asbury — LOCATION (City, town, or county) Brownstown, Md (State)

DATE REC'D BY LOCAL REG. 3-25-54 — REGISTRAR'S SIGNATURE Dorothy M. Jenkins

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

RECEIVED
MAR 26 1954
BUREAU V. S.